7576 - R47A ILLINOIS MUNICIPAL RETIREMENT FUND

100 South Wacker Drive, Chicago, Illinois 60606

LEAVE OF ABSENCE AUTHORIZATION

In the event of disability or death while on authorized leave of absence, the applicant shall be eligible for the benefits of those programs only if this authorization has been properly completed and filed with the Illinois Municipal Retirement Fund.

(See instructions on reverse side)

embe	er Name	Social Security Number		
	Richard Corwin Legue			
embe	1006 S. Lynn St., Urbana, Il. 61801	Present Position Director of Urbana Civic Center		
nplo	ver Name City of Urbana	Employer Number 3394		
	Certification by Member			
	I certify that I will be (or have been) on leave of absence from_	January 15, 1976		
t	April 12, 1976 . I understand that service	credits (not more than 12 months) for this		
10	eave cannot be established until I have paid, to IMRF, employee contribu	utions in an amount equal to contributions		
	would have made if actively employed during the period of leave, plus			
		111		
	1/10/01	hard (Legue		
	4/19/76 Signatur	hard (Legue		
	/ Date Sygnatu	re of Member		
_				
	Certification by Authorized Agen			
	Columbia by Addionized Agen			
	I certify that (1) I have calculated the estimated employer cos	t of the above member's leave, (2) I have		
а	I certify that (1) I have calculated the estimated employer cos	t of the above member's leave, (2) I have		
	# 100mm - 100mm	t of the above member's leave, (2) I have		
С	I certify that (1) I have calculated the estimated employer cost dvised the governing body of such cost and (3) I understand that pay ontributions.	t of the above member's leave, (2) I have		
С	I certify that (1) I have calculated the estimated employer cos dvised the governing body of such cost and (3) I understand that pay	t of the above member's leave, (2) I have ment will be made through future monthly		
1	I certify that (1) I have calculated the estimated employer cost dvised the governing body of such cost and (3) I understand that pay ontributions. Monthly Rate of Earnings of Member	t of the above member's leave, (2) I have		
1	I certify that (1) I have calculated the estimated employer cost dvised the governing body of such cost and (3) I understand that pay ontributions.	t of the above member's leave, (2) I have ment will be made through future monthly		
1 2	I certify that (1) I have calculated the estimated employer cost dvised the governing body of such cost and (3) I understand that pay ontributions. Monthly Rate of Earnings of Member Length of Leave (in months) (Not over 12 months)	\$877.08		
1 2	I certify that (1) I have calculated the estimated employer cost dvised the governing body of such cost and (3) I understand that pay ontributions. Monthly Rate of Earnings of Member	t of the above member's leave, (2) I have ment will be made through future monthly \$877.08		
1 2 3	I certify that (1) I have calculated the estimated employer cost dvised the governing body of such cost and (3) I understand that pay ontributions. Monthly Rate of Earnings of Member Length of Leave (in months) (Not over 12 months) Total Earnings Not Paid During Leave (line 1 times line 2)	\$877.08 3 months \$2,631.24		
1 2 3	I certify that (1) I have calculated the estimated employer cost dvised the governing body of such cost and (3) I understand that pay ontributions. Monthly Rate of Earnings of Member Length of Leave (in months) (Not over 12 months)	\$877.08		
1 2 3 4	I certify that (1) I have calculated the estimated employer cost dvised the governing body of such cost and (3) I understand that pay ontributions. Monthly Rate of Earnings of Member Length of Leave (in months) (Not over 12 months) Total Earnings Not Paid During Leave (line 1 times line 2) Employer Contribution Rate in Current Year	\$877.08 3 months \$2,631.24		
2 3 4	I certify that (1) I have calculated the estimated employer cost dvised the governing body of such cost and (3) I understand that pay ontributions. Monthly Rate of Earnings of Member Length of Leave (in months) (Not over 12 months) Total Earnings Not Paid During Leave (line 1 times line 2)	\$877.08 3 months \$2,631.24		
1 2 3 4	I certify that (1) I have calculated the estimated employer cost dvised the governing body of such cost and (3) I understand that pay ontributions. Monthly Rate of Earnings of Member Length of Leave (in months) (Not over 12 months) Total Earnings Not Paid During Leave (line 1 times line 2) Employer Contribution Rate in Current Year Social Security Tax Rate in Current Year	\$877.08 3 months \$2,631.24 14.10% 5.95%		
1 2	I certify that (1) I have calculated the estimated employer cost dvised the governing body of such cost and (3) I understand that pay ontributions. Monthly Rate of Earnings of Member Length of Leave (in months) (Not over 12 months) Total Earnings Not Paid During Leave (line 1 times line 2) Employer Contribution Rate in Current Year	\$877.08 3 months \$2,631.24		
1 2 3 4	I certify that (1) I have calculated the estimated employer cost dvised the governing body of such cost and (3) I understand that pay ontributions. Monthly Rate of Earnings of Member Length of Leave (in months) (Not over 12 months) Total Earnings Not Paid During Leave (line 1 times line 2) Employer Contribution Rate in Current Year Social Security Tax Rate in Current Year	\$877.08 \$877.08 3 months \$2,631.24 14.10% 5.95% 8.15%		
1 2 3 4 5 6	I certify that (1) I have calculated the estimated employer cost dvised the governing body of such cost and (3) I understand that pay ontributions. Monthly Rate of Earnings of Member Length of Leave (in months) (Not over 12 months) Total Earnings Not Paid During Leave (line 1 times line 2) Employer Contribution Rate in Current Year Social Security Tax Rate in Current Year Employer Contribution Rate to IMRF (line 4 less line 5)	\$877.08 3 months \$2,631.24 14.10% 5.95%		
1 2 3 4 5 6	I certify that (1) I have calculated the estimated employer cost dvised the governing body of such cost and (3) I understand that pay ontributions. Monthly Rate of Earnings of Member Length of Leave (in months) (Not over 12 months) Total Earnings Not Paid During Leave (line 1 times line 2) Employer Contribution Rate in Current Year Social Security Tax Rate in Current Year Employer Contribution Rate to IMRF (line 4 less line 5) Estimated Cost of this Leave to Employer (line 3 times line 6)	\$877.08 \$877.08 3 months \$2,631.24 14.10% 5.95% 8.15%		
1 2 3 4 5	I certify that (1) I have calculated the estimated employer cost dvised the governing body of such cost and (3) I understand that pay ontributions. Monthly Rate of Earnings of Member Length of Leave (in months) (Not over 12 months) Total Earnings Not Paid During Leave (line 1 times line 2) Employer Contribution Rate in Current Year Social Security Tax Rate in Current Year Employer Contribution Rate to IMRF (line 4 less line 5) Estimated Cost of this Leave to Employer (line 3 times line 6) April 19, 1976	\$877.08 \$877.08 3 months \$2,631.24 14.10% 5.95% 8.15%		

Certification by Clerk or Secretary of Governing Body					
I certify that at a regula	r or special meeting held on	April	19, 1976	Milling	
			Date	111111	
the City Council	of	City	of Urbana	13 10 11 12 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Name of Govern	ing Body		Name of Govern	mental Unit	
approved the leave of absence sta	ted herein and the estimated	employer	cost as herein d	etarmined.	
			1	115 11 11 11 11 11 11 11 11 11 11 11 11	
			9	1113 111 111111111111111111111111111111	
April 19, 1976			1	11:00 6 31 01	
Date	Clerk or Secretary		Signa	ture	
			- 3		
IMRF Form 6.32				11. 11 2000 100	