

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)

Member Name <u>THOMAS F. TIEDEMAN</u>	Social Security Number <u>[REDACTED]</u>
Member Address <u>110 E. WHITE ST., CHAMPAIGN, IL. 61820</u>	Present Position <u>MAINTENANCE MAN</u>
Employer Name <u>CITY OF URBANA</u>	Employer Number <u>33348-124</u> 3394

✓ **Certification by Member**

I certify that I will be (or have been) on leave of absence from SEPT. 1, 1976 to MAY 15, 1977. I understand that service credits (not more than 12 months) for this leave cannot be established until I have paid, to IMRF, employee contributions in an amount equal to contributions I would have made if actively employed during the period of leave, plus interest.

OCT. 11, 1976 Date

Thomas F. Tiedemann Signature of Member

Certification by Authorized Agent

I certify that (1) I have calculated the estimated employer cost of the above member's leave, (2) I have advised the governing body of such cost and (3) I understand that payment will be made through future monthly contributions.

1	Monthly Rate of Earnings of Member	\$808.00
2	Length of Leave (in months) (Not over 12 months)	9 months
3	Total Earnings Not Paid During Leave (line 1 times line 2)	\$7,272.00
4	Employer Contribution Rate in Current Year	14.10%
5	Social Security Tax Rate in Current Year	5.85%
6	Employer Contribution Rate to IMRF (line 4 less line 5)	8.25%
7	Estimated Cost of this Leave to Employer (line 3 times line 6)	\$599.94

10-14-76 Date

D. E. Eubank Signature of Authorized Agent

Certification by Clerk or Secretary of Governing Body

I certify that at a regular ~~or special~~ meeting held on October 18, 1976 the City Council of City of Urbana approved the leave of absence stated herein and the estimated employer cost as herein determined.

10-19-76 Date

City Clerk Clerk or Secretary

D. E. Eubank Signature