## 7778-R38

## 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)

wemb	er Name	Social Security Number	
	Norma L. Kogers	510-44-8128	100
Memb	er Address	Present Position	
(	909 Sunnycrest Drive	Librarian III	11/10/19/19
Emplo	Norma L. Rogers  Per Address  909 Sunnycrest Drive  over Name  rbana Free Library	Employer Number	a transfer
u	rbana Tree Library	3394	
	Certification by Member	And the second second	1
	I certify that I will be (or have been) on leave of absence from	January 1. 1978	Total State of the
	I certify that I will be (or have been) on leave of absence from_	Øate	A
- 1	to Debruary 28, 1978. I understand that service	credits (not more than 12 months) fo	r this
			1,098,01
	leave cannot be established until I have paid, to IMRF, employee contribu		itions
	would have made if actively employed during the period of leave, plus	interest.	
	0	DP.	
	Date Signatu	re of Member	
	Date	re of Member	M. A. F.
	Certification by Authorized Agen		The state of
	I certify that (1) I have calculated the estimated employer cos	t of the above member's leave, (2) I	have
	advised the governing body of such cost and (3) I understand that pay contributions.	ment will be made through future mo	onth ly
	contributions.		一个流形
1	Monthly Rate of Earnings of Member	- I a	
	monthly flato of Earlings of Mondol	\$1,258.66	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2	Length of Leave (in months) (Not over 12 months)	The same of the same	
	Langua de Laura (m. mandia) (mandia)	2 months	San State
3	Total Earnings Not Paid During Leave (line 1 times line 2)	40 535 00	
		\$2,517.32	
4	Employer Contribution Rate in Current Year	20 214	The Val
		12.34%	
5	Social Security Tax Rate in Current Year	6 054	
		6.05%	14-25-46
6	Employer Contribution Rate to IMRF (line 4 less line 5)	6 204	WAR CHAIR
		6.29%	
7	Estimated Cost of this Leave to Employer (line 3 times line 6)	\$ 158.34	
		3 150.34	A Chief Chir
	10	4110	
13/13/22 Alux		ene Ocherles, Der	
	~	re of Authorized Agent	11.
		ely Usubalger, Depuly	URA
	Certification by Clerk or Secretary of Gove	erning Body	
	I certify that at a regular or special meeting held onDecem	ber 19, 1977	many in
	. do.t., that at a rogard or apooler moothing here on	Date	AND THE REAL PROPERTY.
t	he City Council of City	of Urbana	27.100
	Name of Governing Body	Name of Governmental Unit	
a	approved the leave of absence stated herein and the estimated employer	cost as herein determined.	
	· ·		142
	Λ		1000
	12/20/22 11.1.1	N. Fabrit 8	
	Date . Clerk or Secretary	Signature (	+ 01
-		Deverty ambarger, Des	uly Cler
MOCE	6.27	0	234.07