

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)

Member Name <u>Norma L. Rogers</u>	Social Security Number <u>510-44-8128</u>
Member Address <u>909 Sunnycrest Drive</u>	Present Position <u>Librarian III</u>
Employer Name <u>Urbana Free Library</u>	Employer Number <u>3394</u>

Certification by Member

I certify that I will be (or have been) on leave of absence from January 1, 1978 to February 28, 1978. 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.

Dec. 9, 1977
Date

Norma L. Rogers
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	\$1,258.66
2	Length of Leave (in months) (Not over 12 months)	2 months
3	Total Earnings Not Paid During Leave (line 1 times line 2)	\$2,517.32
4	Employer Contribution Rate in Current Year	12.34%
5	Social Security Tax Rate in Current Year	6.05%
6	Employer Contribution Rate to IMRF (line 4 less line 5)	6.29%
7	Estimated Cost of this Leave to Employer (line 3 times line 6)	\$ 158.34

12/13/77
Date

Deanne Eckert, Sup
Signature of Authorized Agent
Bevelly Ambarger, Deputy Clerk

Certification by Clerk or Secretary of Governing Body

I certify that at a regular or special meeting held on December 19, 1977 the City Council of City of Urbana approved the leave of absence stated herein and the estimated employer cost as herein determined.

12/20/77
Date

Deputy Clerk
Clerk or Secretary

Deanne Eckert, Sup
Signature
Bevelly Ambarger, Deputy Clerk