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# LEAVE NOTIFICATION

## COMPLETE THIS FORM AFTER THE 10TH CONSECUTIVE WORK DAY OF LEAVE WITHOUT PAY OR WITH REDUCED PAY

### EMPLOYER INSTRUCTIONS:

Please refer to your *Employer's Guide* for assistance in completing this form.

1. Type or print clearly in black ink.
2. Complete Sections A and B when an employee's leave becomes reportable; keep the original form for future use, and send a photocopy of the form to URS.
3. Complete Section C of the original form when the employee returns to work (complete remaining information in Section B for Military Leave); keep a photocopy of the form for your records, and send the original form to URS.
4. If the employee is on Long-Term disability (LTD), please complete the *Employee Benefits Notification* (Form ADNT-2) and, once approved for LTD, the *Long-Term Disability Explanation of Benefits* (Form LTD-2).

SECTION A - EMPLOYEE INFORMATION (Please type or print clearly in black ink.)		
Employee Name (first, middle, last)		Social Security Number
Name of Employer and Employer Number	Employee Position	Salary \$ per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
SECTION B - EMPLOYEE LEAVE CLASSIFICATION		
Check type of leave and enter the date (mm/dd/yyyy) of the last day the employee worked, or received leave pay, before beginning leave without pay or with reduced pay.		
<input type="checkbox"/> Military _____ Please submit a copy of the DD214 Form (Military Discharge) upon the employee's return to work or choose one of the following: <input type="checkbox"/> DD214 Form has been requested from the employee. <input type="checkbox"/> DD214 Form is not applicable to the type of service rendered. Attach a history of salary changes that would have occurred if the employee had not been on military leave. Retirement contributions for military leave will be paid: <input type="checkbox"/> During time of official call. <input type="checkbox"/> Subsequent to the employee's return from service. (Contributions will be subject to interest charges.)  <input type="checkbox"/> Family Medical (FMLA) _____ <input type="checkbox"/> Short-Term Disability _____ <input type="checkbox"/> Worker's Compensation _____ <input type="checkbox"/> Other _____		
		Explanation _____
Authorized Signature (required)	Employer Telephone Number	Date

### COMPLETE SECTION C UPON RETURN FROM LEAVE

SECTION C- RETURN NOTIFICATION AND ELIGIBILITY RECERTIFICATION (Please type or print clearly in black ink.)	
Name of Employer and Employer Number	Date Returned for Eligible Work
<b>The employer certifies this employee has returned to work and is eligible for service credit. By paying defined benefit contributions on behalf of this employee, the employer makes a continuing certification the employee is eligible for service credit. The employer must notify URS in writing when the employee becomes ineligible for service credit.</b>	
Authorized Signature (required)	Date
Telephone Number	