

## 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 Meredith L. Smith	Social Security Number [REDACTED]
Member Address R. R. #3, Urbana, IL 61801	Present Position Clerk Typist
Employer Name City of Urbana	Employer Number 3394

**Certification by Member**

I certify that I will be (or have been) on leave of absence from August 28, 1978 Date to June 4, 1979 Date. 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.

7-24-78 Date Meredith L. Smith 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	\$ 750.75
2	Length of Leave (in months) (Not over 12 months)	9 months
3	Total Earnings Not Paid During Leave (line 1 times line 2)	6,756.75
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)	425.00

7/28/78 Date Deane Eckert, Sr. Signature of Authorized Agent  
Beverly Ambarger

**Certification by Clerk or Secretary of Governing Body**

I certify that at a regular or special meeting held on August 7, 1978 Date the City Council Name of Governing Body of City of Urbana Name of Governmental Unit approved the leave of absence stated herein and the estimated employer cost as herein determined.

August 8, 1978 Date City Clerk Clerk or Secretary [Signature] Signature