

**SECTION 1**

**MEMBER DATA**

a) Name of member ..... Last   
 First  MI   
 b) Social Security number ..... XXX-XX-XXXX   
 c) Date of birth ..... mm/dd/yyyy   
 d) Mailing address ..... Number and street   
 City  State  ZIP

**SECTION 2**

**MILITARY DATA**

a) Period of military leave mm/dd/yyyy..... From  to

**SECTION 3**

**SCHOOL DISTRICT  
 DATA**

a) Name of school district.....   
 b) Enter the amount of total regular compensation  
 that the member would have been paid during  
 the period of military service leave .....   
 c) Enter the total amount of retirement  
 contributions that would have been deducted  
 from the amount listed in Line b .....

**SECTION 4**

**EMPLOYER  
 REPRESENTATIVE'S  
 STATEMENT AND  
 SIGNATURE**

I hereby certify, under the penalties of perjury, that the above information is true, complete and correct to the best of my knowledge. Additionally, I have made a copy of this page for future reference and clarification, if necessary.

Signature  Date   
 Name (please print)   
 Title   
 Phone  Fax   
 Email

*Thank you for your assistance to us and our members!*