

**Requesting Leave of Absence in the Firefighters' and Rescue Squad Workers' Pension Fund***Please print or type in black ink.***Section A. Contact Information**

FIRST NAME	MI	LAST NAME		SUFFIX
MAILING ADDRESS				SSN
CITY	STATE	ZIP CODE	TELEPHONE NO.	MEMBER ID
E-MAIL ADDRESS				DATE OF BIRTH

Section B. Service History

FIRE DEPARTMENT OR RESCUE SQUAD NAME	COUNTY	LAST DAY OF SERVICE
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Check one: ☐ Firefighter ☐ Rescue Squad Worker**Section C. Member Signature**

I hereby certify that I have not previously received a refund of my contributions in the Firefighters' and Rescue Squad Workers' Pension Fund described in Section B. Further, I was an eligible member of the department or squad in Section B and am now requesting leave of absence status for my account in the Fund.

Signature _____ Date _____

Section D. Submission Instructions

Please submit this form by mail.

- You may mail this form to the address below.

