

PEACE OFFICERS' ANNUITY & BENEFIT FUND OF GA

1208 GREENBELT DRIVE, GRIFFIN, GA 30224

P: 770-228-8461 • F: 770-412-1236

poabf@rfga.us

INSTRUCTION FOR REQUESTING A LEAVE OF ABSENCE

Two items are required to process a Leave of Absence:

- 1) **Request for Leave of Absence:** This must be completed by the Member.
- 2) **Certification by Employing Agency:** This must be completed and signed by a representative of the appropriate law enforcement agency, then notarized by a separate individual.

Once complete, these may be submitted to our office by mail, email, or fax.

Additional Information about your Leave of Absence:

- Your Request for Leave of Absence must be submitted to our office within 90 days of leaving law enforcement employment.
- The Board of Commissioners meets on the first Wednesday of each month, at which time all current Requests for Leave of Absence are considered.
- The Member must continue to pay monthly dues for the duration of a Leave of Absence. Failure to pay all dues owed may result in forfeiture of all accrued membership credit with POAB.
- Any Leave of Absence credit accrued must be matched by future law enforcement employment.

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REQUEST FOR LEAVE OF ABSENCE

Member Name: _____ Member #: _____

Mailing Address: _____
Street

City, State and Zip Code

Preferred Phone #: _____ Alternate Phone #: _____

Email Address: _____

On _____, my active employment with _____ Georgia Department of Corrections
(Date) (Employer)

ceased because of _____
(e.g. resignation, retirement, illness, etc.)

In accordance with O.C.G.A. Section 47-17-41, and with the rules and regulations of the Board of Commissioners of the Peace Officers' Annuity and Benefit Fund of Georgia (the Fund) as filed with the Secretary of State, I hereby apply for a Leave of Absence (Leave), effective as of the above date.

I hereby agree to continue to remit monthly dues to the Fund at the prevailing rate during said Leave, for which I shall receive credit for the sole purpose of accumulating service time towards the calculation of future retirement benefits. I am also aware that such Leave shall not total more than twelve (12) months during my entire membership in said Fund. Furthermore, I understand that any creditable service accrued through this Leave must be matched by returning to an eligible law enforcement position and working a further amount equal to the Leave accrued. If I do not return to an eligible position, or do not fully match my accrued Leave, I understand that it will not count as creditable service towards my vesting and retirement benefits.

I understand and agree that while I am on Leave, I will NOT be entitled to any death benefits as provided by O.C.G.A. 47-17-82, nor shall I be entitled to any disability benefits as provided in O.C.G.A. 47-17-81., nor will any such entitlement pass to my heirs, executors, administrators, or assigns.

I agree to notify the Fund immediately upon my return to employment as a Peace Officer.

Upon approval, I hereby accept said Leave subject to all the terms and conditions set forth and contained in this application, and I further understand that no promises, terms, conditions, or obligations, either written or oral, which are not contained herein are of any force or effect whatsoever.

Witnessed by: _____
Notary Public

My Commission Expires: _____

SIGNATURE OF MEMBER

CERTIFICATION BY EMPLOYING AGENCY : EMPLOYMENT VERIFICATION

FOR DEPARTMENT OF CORRECTIONS

Please return to:

Peace Officers' Annuity & Benefit Fund of GA

1208 Greenbelt Drive, Griffin, GA 30224 • 770-228-8461 (Office) • 770-412-1236 (Fax)

NOTICE: GEORGIA LAW PROVIDES AS FOLLOWS: "ANY PERSON WHO KNOWINGLY FURNISHES FALSE INFORMATION FOR THE PURPOSE OF BECOMING A MEMBER OF THE FUND, OR FOR RECEIVING CREDIT FOR SERVICE TO WHICH HE IS NOT ENTITLED, OR FOR RECEIVING BENEFITS HEREUNDER, OR ANY PERSON WHO KNOWINGLY ASSISTS IN DOING ANY OF THE FOREGOING THING, SHALL BE GUILTY OF A MISDEMEANOR, AND UPON CONVICTION THEREOF SHALL BE PUNISHED AS FOR A MISDEMEANOR."

Date: _____ Member #: _____

1. Employee Name: _____

2. Date of Birth: _____ SSN: _____

3. Mailing Address: _____

STREET ADDRESS

CITY, STATE, ZIP CODE

4. Job Title: _____ Job Description Available? _____

YES/ NO

5. On LE Salary Plan (LAW)? _____ On SRE Salary Plan? _____

YES/ NO

YES/ NO

6. Has this employee previously worked for this agency? If so, please provide the dates and positions held as well as if the position was **full time** or **part time**:

7. How many hours per week are devoted to this job? _____

8. Beginning date of most recent employment: _____

MONTH

DAY

YEAR

9. Ending date of most recent employment: _____

MONTH

DAY

YEAR

10. Please list all positions held during employment and the dates corresponding with the positions below:
(If more space required, please use the back of the form)

POSITION

FROM

TO

POST CERTIFICATION REQUIRED?

11. Please list any periods that this employee was on **LEAVE WITHOUT PAY** (suspension, FMLA, etc.) Please note if worker's compensation:

Note: This form is **not valid until signed by a properly authorized individual for the employing Agency**. Please note that **this form must be notarized by a different individual**. The proper execution of this document is **the Applicant's Responsibility**.

I hereby certify that the information given above is true and accurate as the same appears on the records of _____
APPLICANT/ MEMBER'S NAME

This _____ day of _____

Representative Name: _____

Signature: _____

Witnessed by: _____

Title of Signer: _____

Notary Public

Phone Number: _____

Email Address: _____

AUTOMATIC WITHDRAWAL AUTHORIZATION

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FOR OFFICE USE ONLY

New Member Processed:	_____
Recurring Start Month:	_____
Bank Change:	_____
System Change:	_____

TO ENSURE ACCURACY PLEASE ATTACH A VOIDED CHECK
-OR-
LETTER FROM FINANCIAL INSTITUTION THAT VERIFIES
ROUTING AND ACCOUNT NUMBERS

A. _____
Member Name

B. _____
Member # (Assigned at membership) Social Security Number

C. _____
Mailing Address

City, State and Zip Code

D. _____
Name of Depository (Financial Institution)

E. _____
Checking / Savings Routing Number (Required) Account Number (Required)

F. _____
Phone Number Email Address

I the undersigned, authorize the Peace Officers' Annuity and Benefit Fund of Georgia (POAB Fund)
to initiate debit entries to my bank account identified above at the depository named above for
the purpose of membership in the POAB Fund. This authorization is to remain in full force and
effect until the POAB Fund has received written notification from me of its termination. Such
notification is to be received in the office of the POAB Fund in Griffin, GA by the first day of the
month before such termination is desired.

G. _____
Signature Date