

PEACE OFFICERS' ANNUITY & BENEFIT FUND OF GEORGIA

PO Box 56
Griffin, GA 30224
770.228.8461 (Phone)
770.412.1236 (Fax)

PROCEDURE FOR REQUESTING A LEAVE OF ABSENCE

Three items are required to process a Leave of Absence:

- 1) **The Request for Leave of Absence Form** must be completed by the Member.
- 2) **Certification By Employing Agency Form** must be completed and signed by an authorized representative of your personnel department. This form **MUST** be notarized.
- 3) **Acknowledgment of Matching Leave of Absence Form** must be completed by the Member. This form must also be notarized.

Additional Information About your Leave of Absence:

- Leave of Absences will NOT be processed until receipt of the above requirements. It is the Members responsibility to ensure all paperwork is filed with this office within 90 days of when employment has ceased.
- The Board of Commissioners meets the first Wednesday of each month for consideration of a Leave of Absence request.
- You must continue to pay dues while you are on a Leave of Absence. Failure to pay your dues could cost you to lose all of your service credit with the Fund.
- Any Leave of Absence service credit accrued must be matched by future law enforcement employment.

LEAVE OF ABSENCE

O.C.G.A 47-17-41 states as follows: "The Board may provide by rule and regulation for the retention of any legally qualified member who has temporarily ceased employment as a peace officer and for credit for such period, provided that an application for retention of membership is submitted not later than 90 days after such employment has ceased; and provided, further, that he shall pay to the fund the amounts required for such period. Not more than 12 months of absence from such employment shall be allowed under this Code section during a member's entire membership in the fund."

The following rules have been adopted and filed with the Secretary of State by the Board to implement this provision:

513-14-1-.04 Leave of Absence. Amended. Any member of the Fund who requests a "Leave of Absence" for the purpose of continuing his or her active membership in the Fund while not employed as a Peace Officer, in accordance with O.C.G.A. 47-14-41, shall have the request reviewed by the Board. No "Leave of Absence" shall be granted to a member who is under disciplinary action, with less than 9 years of service credit. No "Leave of Absence" shall be granted to any member with more than 10 years of service credit.

513-14-1-.05 Request for Leave of Absence. Amended

(1) A request for a Leave of Absence under O.C.G.A 47-17-41 may be granted within the discretion of the Board of Commissioners, upon proper application for any person who is or has been a legally qualified member of the Peace Officers' Annuity and Benefit Fund. A Leave of Absence shall be granted only for the purpose of allowing a member to accumulate sufficient creditable service for service retirement benefits during the time such person is on Leave of Absence. No person on Leave of Absence shall be entitled to any death benefits pursuant to O.C.G.A. 47-17-82 or to any disability benefits under O.C.G.A. 47-17-81 for death or disability occurring while such person is on a Leave of Absence.

(2) Any person on Leave of Absence who returns to peace officer employment must notify the Secretary/Treasurer of the Fund of that fact, within thirty (30) days after returning to peace officer employment. All requests for Leave of Absence must be made in writing in duplicate originals upon forms provided by the Board of Commissioners. Any person applying for a Leave of Absence shall agree to abide by the terms of this Regulation, and any Leave of Absence grants shall be subject to the terms and conditions of this Regulation. Any promises, terms, or conditions, either written or oral, not contained in the Application for a Leave of Absence shall be invalid and of no effect.

(3) In the event the Board of Commissioners of said Fund grants a Leave of Absence, said Board hereby delegates the Secretary/Treasurer of this Fund authority to execute the approval of said application.

June 1996

REQUEST FOR LEAVE OF ABSENCE

To: Board of Commissioners
Peace Officers' Annuity & Benefit Fund of Georgia
P.O. Box 56
Griffin, GA 30224-0056

Dear Sirs:

On _____, my active employment by _____

Employer (Name of City, County, or State Department)

Ceased because of _____
(Resignation, suspension, retirement, illness, or injury)

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

I hereby agree to continue to remit monthly dues to said Fund at the prevailing rate during said leave of absence, for which I shall receive credit for the sole purpose of accumulating age and service time for straight retirement for the time I am on leave of absence. I am also aware that such leave of absence shall not total more than twelve (12) months during my entire membership in said Fund.

I understand and agree that while I am on leave of absence, 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.

I have read all of the terms and conditions set forth in the above request for leave of absence and thoroughly understand the terms and conditions thereof. Upon the granting of the leave of absence by the Board of Commissioners of the Peace Officers' Annuity & Benefit Fund of Georgia, I hereby renounce and waive, for myself and for my heirs, executors, administrators, and assign, any and all claims that I or they may have, or purport to have for death benefits pursuant to O. C. G. A. 47-17-82 and for disability benefits pursuant to O.C.G.A. 47-17-81 in the event that I should die or become disabled while on leave of absence from the Peace Officers' Annuity & Benefit Fund of Georgia.

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

Upon approval, I hereby accept said leave of absence 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.

Executed in duplicate originals, this _____ day of _____, 20_____.

Approved: _____

BOARD OF COMMISSIONERS OF THE
PEACE OFFICERS' ANNUITY & BENEFIT
FUND OF GEORGIA

By: _____
Secretary – Treasurer

LOA_FORM.DOC – January 2005

Applicant (Print Name)

Applicant (Signature)

Mailing Address

City, State and Zip Code

Social Security Number

CERTIFICATION BY EMPLOYING AGENCY

EMPLOYMENT VERIFICATION

to
Peace Officers' Annuity And Benefit Fund of Georgia

P.O. Box 56
Griffin, Georgia 30224
770-228-8461

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 things, shall be guilty of a misdemeanor, and upon conviction thereof, shall be punished as for a misdemeanor."

Date _____

1. Name of Employee (or Former Employee): _____

2. Present or Last Known Address: _____

3. Date of Birth: _____ Street Social Security No. _____ City

4. Employing Agency and Department: _____

5. Employing Agency Telephone No. _____

6. What Is/Was Employee's Title? _____
(Policeman, Sheriff, Warden, Guard, Trooper, etc.)

7. Is this employee required to be certified under provisions of Peace Officer Standards and Training Act? _____

8. If this employee has/had duties other than general law enforcement, please explain what these duties are/were:

9. How many hours per week does/did the employee devote to this job? _____

10. What was the beginning date of this employment? _____
Month Day Year

11. What was the ending date of this employment? _____
Month Day Year

12. Employee's last/present monthly salary? _____

13. Please list any periods that this employee was not employed during this time including any periods during which no salary was paid, such as suspensions or sick time in excess of authorized sick leave.

14. If Employee was employed by this employer before this present employment period, please give dates and positions held.

(Over - This form continued on reverse side)

15. Is/was this employee required to post bond for this employment? _____

16. Does/did the employee have power and authority to make arrests? _____

Under what law is such authority given? _____

17. Does/did the employee serve civil processes and other official papers? _____

18. Does/did this employee have custody of prisoners? _____

If so, was/is he armed? _____

19. Is there a written job description covering the position of this employee? _____

I hereby certify that the information given above is true and accurate as the same appears on the records of

Give under my hand and seal this _____ day of _____

*To be signed by a representative of Employing Agency
with access to Personnel Records.*

Signature _____

Witnessed by Notary or J.P. Title of Signer _____

ACKNOWLEDGMENT OF MATCHING LEAVE OF ABSENCE

TO:

Peace Officers' Annuity & Benefit Fund

PO Box 56

Griffin, GA 30224

770.228.8461 (Phone)

770.412.1236 (Fax)

Name of Member: _____ Member No. _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Date Request of LOA: _____

By my signature below, I certify my understanding that for all of the time I was on my Leave Of Absence (LOA) to be claimed, I **must return to an eligible peace officer position** and be an active member of the Fund for the equivalent amount of time that I was on LOA. I further understand that if I **do not return** to an eligible peace officer position for the equivalent amount of time that I was on LOA, it will **not count as creditable service** towards my vesting and retirement benefits.

Signature

Date

This _____ Day of _____, 20_____

Notary

My commission expires _____

Payment of Dues

We value your membership and appreciate your prompt remittance each month. You may not be aware that we offer several methods of payment for our member's convenience. Listed below are all the options currently available. Please review these choices and if you wish to take advantage of any of these choices other than mailing in your check monthly, please complete and return the appropriate enclosed authorization form.

1) Payment by Personal Check or Money Order:

You may mail payments monthly (\$20.00), quarterly (\$60.00), semi-annually (\$120.00) or annually (\$240.00). For accuracy in posting, please include membership number or social security number on check or money order.

(2) Payroll Deduction:

Many employers (whether the State of Georgia, a City, or a County) offer payroll deduction as a convenience to their employees. If your employer is one of the agencies that offer payroll deduction, you should complete the bottom of the appropriate form and ***turn it into your Personnel/Payroll Department to begin deductions from your paycheck.***

(3) Automatic Withdrawals from your Bank Account:

We offer automatic payment of dues by electronic transfer. With your signed authorization \$20.00 will automatically be deducted from your bank account (checking or savings) on the 10th of each month for payment of dues.

Remember, we do not send out statements - you must keep up with the time schedule when your payments are due or you may become delinquent.

Return forms to:

Peace Officers' Annuity & Benefit Fund

P.O. Box 56

Griffin, GA 30224

Phone: (770) 228-8461

FAX: (770) 412-1236

AUTOMATIC WITHDRAWAL AUTHORIZATION

Peace Officers' Annuity and Benefit Fund of Georgia

P.O. Box 56

Griffin, GA 30224

Phone: (770) 228-8461 / FAX: (770) 412-1236

I authorize Peace Officers' Annuity and Benefit Fund of Georgia to initiate debit entries to my bank account identified below at the depository named below to debit the same to said account on the tenth of each month. Said debit entries to be used solely to pay my monthly dues in the PEACE OFFICERS' ANNUITY AND BENEFIT FUND.

DEPOSITORY (BANK) NAME: _____

Bank Located in

CITY: _____ STATE: _____

BANK ROUTING #: _____ ACCOUNT #: _____

(Please attach a voided check showing the routing and account numbers)

This authorization is to remain in full force and effect until the Peace Officers' Annuity and Benefit Fund has received written notification from me of its termination. Such notification is to be received in the office of the Fund in Griffin, GA by the first day of the month before such termination is desired.

Member's Signature: _____ Date: _____

Print Member's Name: _____

Mail Address: _____ Phone #: _____

City, State, Zip: _____

Membership #: _____ Social Security #: _____