

SECTION 1

Main Office 500 Rutherford Avenue, Suite 210 Charlestown, MA 02129-1628 Phone 617-679-MTRS (6877) Fax 617-679-1661 Online mass.gov/mtrs

Reporting contributions for MTRS members called to active military duty

## Military Service Leave Reporting form

MEMBER DATA	a) Name of member	Last			
		First		МІ	
	b) Social Security numb	er 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/yyyyFrom			to	
SECTION 3					
SCHOOL DISTRICT DATA	a) Name of school distri	ct			
	b) Enter the amount of total regular compensation that the member would have been paid during the period of military service leave				
		nt of retirement buld have been deducted ed 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)	Name (please print)			
	Title				
	Phone		Fax		
	Email				

Thank you for your assistance to us and our members!