



Georgia Firefighters' Pension Fund

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Leave of Absence

This form is to be used to request a leave of absence from the Fund for either Regular leave, Medical leave, or Military leave.
All information **MUST BE** completed before this form can be processed.

Member Info	(Please Print) Member No: _____ or Social Security No: _____ Last Name: _____ First: _____ Middle: _____ Home Mailing Address: _____ City: _____ State: _____ Zip: _____ Email: _____ Phone(H): _____ Phone(W): _____ Phone(C): _____ Department: _____ (Check One) I am a: Full-time Firefighter Part-time Firefighter* Volunteer Firefighter** Job Title: _____
Regular Leave	Date Leave Began: ____/____/____ Expected Return: ____/____/____ Reason: _____
Medical Leave	Date Leave Began: ____/____/____ Expected Return: ____/____/____
Military Leave	Date Leave Began: ____/____/____ Expected Return: ____/____/____

*Part-time firefighters must submit a Part-Time Service Affidavit

**Volunteer firefighters must submit a Volunteer Service Affidavit

I understand that return from any Leave is subject to the requirements of O.C.G.A. 47-7-40. I certify and affirm that all information presented in this form is true and correct. I make this certification and affirmation under penalty of law and I understand that knowingly making a false statement on this form is a crime.

Signature of Member