



# A Suggested Form of Resolution to Allow Benefit Protection Leave

(04/2020)

To approve benefit protection leave service credit for employees who have been placed on authorized unpaid leave of absence, your employer must: 1) Pass a resolution to allow the Benefit Protection Leave. This resolution must be kept on file with your employer and made available for inspection at IMRF's request. Do not send this resolution to IMRF unless we ask you to. 2) Submit a completed and certified IMRF Form 6.32, "IMRF Benefit Protection Leave" to IMRF.

## ALL BLANK SPACES ON THIS RESOLUTION MUST BE FILLED IN

### RESOLUTION

Number \_\_\_\_\_

**WHEREAS**, Article 7 of the Illinois Pension Code (40 ILCS 5/7-139(a)(4)) provides that the governing body of a governmental unit may elect to allow service credit in the Illinois Municipal Retirement Fund to members who are placed on authorized leave of absence without pay, and

**WHEREAS**, not more than twelve (12) complete months of creditable service for such authorized leave of absence shall be credited towards any benefit under Article 7 of the Pension Code, and

**WHEREAS**, no service credit may be issued for such authorized, unpaid leave unless an application for credits is submitted to the Board of Trustees of Illinois Municipal Retirement Fund while the employee is in a status of active employment;

**NOW THEREFORE BE IT** (check only one checkbox below)

**RESOLVED**, that the \_\_\_\_\_ of \_\_\_\_\_  
BOARD, COUNCIL, ETC. EMPLOYER NAME

elects to allow service credit to \_\_\_\_\_ for his or her period of authorized  
EMPLOYEE NAME AND IMRF MEMBER ID  
leave without pay, not to exceed twelve (12) months, beginning on \_\_\_\_\_ and ending on \_\_\_\_\_; AND  
DATE DATE

**RESOLVED**, that the \_\_\_\_\_ of \_\_\_\_\_  
BOARD, COUNCIL, ETC. EMPLOYER NAME

elects to allow service credit to all eligible employees who have been placed on a period of authorized leave without pay, not to exceed twelve (12) months, until the rescission of this resolution; AND

**FURTHER RESOLVED**, that all associated costs thereof to \_\_\_\_\_ as determined by  
EMPLOYER NAME  
the Fund are hereby approved; AND

**FURTHER RESOLVED**, that the \_\_\_\_\_ shall be directed to maintain a record of this  
CLERK OR SECRETARY  
resolution for inspection, upon request by the Fund, and is further directed to certify IMRF Form 6.32, IMRF Benefit Protection Leave, upon the request of the affected employee[s].

### CERTIFICATION

I, \_\_\_\_\_, the \_\_\_\_\_  
NAME CLERK OR SECRETARY OF THE BOARD

of the \_\_\_\_\_ do hereby certify that I am keeper of its books and  
EMPLOYER NAME

records and that the foregoing is a true and correct copy of a resolution duly adopted by its \_\_\_\_\_  
BOARD, COUNCIL, ETC.

at a meeting duly convened and held on the \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.  
DAY MONTH YEAR

\_\_\_\_\_  
SIGNATURE OF CLERK OR SECRETARY OF THE BOARD