

**Oklahoma Police Pension and Retirement System**  
1001 N. W. 63<sup>rd</sup> Street, Suite 305  
Oklahoma City, Oklahoma 73116-7335  
1 (405) 840-3555 / 1 (800) 347-6552 / FAX 1 (405) 840-8465  
www.opprs.ok.gov

**VERIFICATION OF EMPLOYMENT STATUS**

Member Name \_\_\_\_\_ SSN \_\_\_\_\_

City of Membership \_\_\_\_\_

The last contribution received from your municipality for said employee was for pay period \_\_\_\_\_ .

Please check the appropriate reason (box) for discontinuing the contributions and provide the date(s) for non-active status.

**MILITARY DUTY**

Date last worked \_\_\_\_\_ Date returned to work \_\_\_\_\_

**ATTACH MILITARY ORDERS AND ALL APPLICABLE FORMS (SEE FORMS 125, 126, 130)**

**INJURED**

**IN LINE**

**NOT IN LINE**

Date of injury \_\_\_\_\_ Date last worked \_\_\_\_\_

Date returned to work \_\_\_\_\_

**TERMINATION**

Dates of employment \_\_\_\_\_ To \_\_\_\_\_

Total member contributions \$ \_\_\_\_\_

**\*PLEASE ATTACH A COMPLETED FORM 109**

**TRANSFERRED**

Dates of employment \_\_\_\_\_ To \_\_\_\_\_

Total member contributions \$ \_\_\_\_\_

TRANSFERRED TO \_\_\_\_\_

**ADMINISTRATIVE/FAMILY AND MEDICAL LEAVE**

Dates of leave without pay \_\_\_\_\_ To \_\_\_\_\_

Reason \_\_\_\_\_

**SUSPENSION WITHOUT PAY**

Dates of Suspension \_\_\_\_\_ To \_\_\_\_\_

COMMENTS:

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I certify the above information relating to employment status, dates of employment and pension contributions for Officer \_\_\_\_\_ is true and correct to the best of my knowledge.

Authorized City Signature \_\_\_\_\_ Date \_\_\_\_\_

Position/Title \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_