

**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**

Employee Name \_\_\_\_\_ SSN \_\_\_\_\_

Municipality \_\_\_\_\_

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**

\*Last date salary paid \_\_\_\_\_ Date returned to work \_\_\_\_\_

**ATTACH MILITARY ORDERS AND ALL APPLICABLE FORMS (SEE FORMS 125-133)**

**INJURED**

**IN LINE**

**NOT IN LINE**

Date of injury \_\_\_\_\_

\*Last date salary paid \_\_\_\_\_

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

**TERMINATION**

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

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

**ATTACH A COMPLETED FORM 109**

**TRANSFERRED**

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

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

**ATTACH A COMPLETED FORM 102**

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

**ADMINISTRATIVE/FAMILY AND MEDICAL LEAVE**

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

Reason \_\_\_\_\_

**SUSPENSION WITHOUT PAY**

\*Last date salary paid \_\_\_\_\_ Date returned to work \_\_\_\_\_

**\*\*"Last date salary paid" refers to the last day for which the member is paid, not the date the paycheck is cut.**

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 ( ) \_\_\_\_\_