



OKLAHOMA TEACHERS RETIREMENT SYSTEM

PO BOX 53524 OKLAHOMA CITY, OKLAHOMA 73152
(405) 521-2387 OR TOLL FREE (877) 738-6365

Original Date of Employment

VERIFICATION OF OKLAHOMA SERVICE FOR SERVICE PURCHASE SSN: ____/____/_____
(Enter before forwarding to employer)

Use this form to purchase non-contributory Oklahoma service only. Request a different form for back payment (interest-based) billing statements to pay for salaries earned on additional duties or secondary or concurrent education employment or to buy up or buy out of salary caps.

I. TYPE OF OKLAHOMA SERVICE TO BE PURCHASED. Only one type of service per form.

___ **Adjunct service in an institution under the Oklahoma State System of Higher Education.** Client may purchase one year of vested service credit for each school year in which he/she worked a *minimum of 18 credit hours* in the same school year in an adjunct position, up to a maximum of 5 years.

___ **Substitute service in Oklahoma public education.** Client may purchase one year of non-vested service for each school year in which he/she worked a *minimum of 120 (full-time equivalent) days* in the same school year in a substitute teaching position, up to a maximum of 5 years.

___ **Non-contributory service in Oklahoma public education.** Client may purchase an unlimited amount of non-classified service. Verify the number of hours/week and number of months per year worked for each year worked. Half-time service will be combined into full-time service years for billing and for service credit. Title/Position worked:

___ **Other.** (Transfer of service from other Oklahoma State Pension Systems, Administrative Error, etc.) Please elaborate:

II. SERVICE AND SALARY INFORMATION. BEGIN WITH THE FIRST EMPLOYMENT YEAR TO BE PURCHASED AND COMPLETE AMOUNT OF SERVICE IN THE APPROPRIATE COLUMN(S).

Fiscal Year	Salary	Adjunct Credit Hours	Substitute # Days (FTE)	All Others: Hours/Week	All Others: # Months	OTRS USE ONLY

IT IS MANDATORY THAT SALARY DOCUMENTATION BE ATTACHED TO THIS FORM.

I hereby certify under penalty of perjury that the above-named individual worked as stated.

Printed Name and Signature

Name of School/Institution/Agency

Title

Address

Date (Phone Number)

City State Zip