

Oklahoma Police Pension and Retirement System
1001 N. W. 63rd 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 _____

Employer _____

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 \$ _____

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:

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 () _____