



OKLAHOMA POLICE PENSION AND RETIREMENT SYSTEM

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Oklahoma City, Oklahoma 73116-7335
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www.opprs.ok.gov

VERIFICATION OF EMPLOYMENT STATUS

Member Name _____ SSN _____
City of Membership _____

Please verify the reason for the member's change in employment status and provide the dates of any applicable unpaid leave and/or inactive service.

SEPARATION OF EMPLOYMENT

Dates of employment _____ To _____
Total member contributions \$ _____

INJURY/SICKNESS

Injury/sickness duty related? Yes No Date of injury _____
Dates of unpaid leave _____ To _____

MILITARY LEAVE

Date last worked _____ Date returned to work _____

DESIGNATED FAMILY AND MEDICAL LEAVE (FMLA)

Dates of unpaid leave _____ To _____

SUSPENSION WITHOUT PAY

Dates of suspension _____ To _____

OTHER (PLEASE SPECIFY)

Dates of unpaid leave _____ 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 () _____