Oklahoma Public Employees Retirement System
P.O. Box 53007 • Oklahoma City, OK 73152-3007 • 1-800-733-9008 or (405) 858-6737
www.opers.ok.gov

515-102-10
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Employer's Report of Additions or Deletions to Monthly Payroll

Part 1—Additions

To be completed by the agency for all employees who are already members of OPERS, with the exception of employees who transfer from another agency.

Name (First, Middle, Last) _____ Social Security number ☐☐☐☐☐☐☐☐☐

Check one of the following:

☐ Returned from Leave of Absence

☐ Returned from Military Leave — Beginning date of authorized leave or termination: _____

☐ Returned from Disability Leave — Date employee returned to payroll: _____

☐ Returned to employment within four calendar months after termination — Ending date of authorized leave or separation date from military service: _____

Agency name _____ Agency number _____

Signature of Retirement Coordinator _____ Date _____

Part 2—Deletions

To be completed by the employer for all employees who are members of OPERS.

Name (First, Middle, Last) _____ Social Security number ☐☐☐☐☐☐☐☐☐

Check one of the following:

☐ Started Leave of Absence ☐ Transfer

☐ Started Military Leave ☐ Death

☐ Started Disability Leave ☐ Retirement

☐ Termination or Dismissal — Date employee was removed from payroll: _____

Agency name _____ Agency number _____

Signature of Retirement Coordinator _____ Date _____

Telephone number _____ Email address _____