



Payroll Schedule and Unused Sick Leave Policy Verification

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This form is to be used to update and verify the payroll schedule and unused sick leave policy of an OPERS participating employer. Please contact OPERS at (405) 858-6737 with any questions.

PART 1 – EMPLOYER INFORMATION

Employer Name

Employer Number

PART 2 – PAYROLL SCHEDULE

- Monthly | 12 pay periods per year Dates of payroll _____
(e.g., 1st through 31st, 21st through 20th)
- Semi-monthly | 24 pay periods per year Dates of payroll _____
(e.g., 1st through 15th, 16th through 31st)
- Bi-weekly | 26 pay periods per year Dates of payroll _____
(e.g., 1st through 14th, 15th through 28th)
- Other | Please specify _____

PART 3 – UNUSED SICK LEAVE POLICY

Each employee who terminates and vests or retires is entitled to one additional month of participating service credit for each 160 hours of unused sick leave accrued up to a maximum of six months credit. The employer is required to pay the cost for funding the reserve for the additional service credit created by the addition of unused sick leave.

Maximum amount of USL employees may accumulate _____ **Hours / Days** (circle one)

Effective date of current policy _____ Please provide copy of sick leave policy

PART 4 – SIGNATURE

I certify the above information is true and correct to the best of my knowledge.

Signature

Title

Date