



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