



Certificate of Remittance

For the month of _____, 20_____

Check only the ONE that applies (Submit a separate Certificate for each payroll type and each pay period).

- | | |
|---|--|
| <input type="checkbox"/> Regular
<input type="checkbox"/> Longevity
<input type="checkbox"/> Shift Differential | <input type="checkbox"/> One Time Pay
<input type="checkbox"/> Retro Pay Raise
<input type="checkbox"/> Other _____
<div style="text-align: center;">(Please specify)</div> |
|---|--|

I certify that I am the Retirement Coordinator for a participating OPERS employer. I also certify that I have attached a list that contains the names of all the employees of said participating employer. I further certify that the amount opposite each name under the Contributions column is the correct amount withheld for this month according to the provisions of 74 O.S. § 901 et. seq.

I certify that the following amounts are correct. A check for the proper amount is enclosed.

Contributions paid by Employees	\$ _____
Contributions paid by Employer	\$ _____
Total Remitted	\$ _____

Agency Name

Agency Number

Retirement Coordinator Signature

For OPERS Use Only

Code: _____ Deposit Date: _____

Deposit Number: _____

For OPERS Use Only

	Certificate Amount	Adjustment	Final Total	Comments:
EE	_____	_____	_____	
ER	_____	_____	_____	
TOTAL	_____	_____	_____	

Initials

Date

Approved:

Initials

Date