



Payroll Schedule and Unused Sick Leave Policy Verification

515-234-20
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As an OPERS participating employer, please use this form to update and verify your payroll schedule and unused sick leave policy. If you use different pay schedules for certain groups of employees, please complete a verification form for each pay schedule. Please contact OPERS at (405) 858-6737 with any questions.

PART 1 – EMPLOYER INFORMATION

Employer Name _____

Employer Number _____

PART 2 – PAYROLL SCHEDULE

Please check your payroll frequency and list below. For each payroll, list the pay period beginning and ending dates, AND the actual pay date for the fiscal year (07/01 through 06/30).

Pay Frequency: Bi-weekly 15 & EOM Semi-Monthly Monthly Hourly Other

	Begin	End	Pay date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			

	Begin	End	Pay date
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			

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

Phone number

Date