



Employer Certification of Separation for Vested Benefits

515-118VC-23
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Use the form to verify separation information for a previous employee applying for a vested benefit.

PART 1 – FORMER EMPLOYEE INFORMATION

Member name (First, Middle, Last)

Social Security number

PART 2 – END OF EMPLOYMENT INFORMATION

Last date physically on the Job

Last day on regular payroll

Termination date

Hours of unused sick leave

Note: These may or may not be the same date. Detailed information can be found on the OPERS website at:
www.opers.ok.gov/glossary.

(1) *Last date physically on the job*: last day employee did their job;

(2) *Last date on regular payroll*: last day for which employee was paid, including paid leave;

(3) *Termination date*: last day on payroll or date the employee states they are not returning to work, whichever is later.

PART 3 – EMPLOYER INFORMATION

Employer name

Employer number

Retirement Coordinator's name

Telephone number

Email address

PART 4 – EMPLOYER CERTIFICATION

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

Retirement Coordinator's signature

Date