

This form is to be completed only by the Retirement Coordinator of a participating employer of OPERS. Use this form to certify employment during which an employee did not participate in OPERS, but may have been eligible to do so. If you need additional space, use a separate form.

PART 1 – MEMBER INFORMATION

Name (First, Middle, Last)

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Social Security number

Agency name

Agency number

This form will be incomplete if employment status is not indicated. Check one: ☐ permanent ☐ temporary ☐ seasonal

PART 2 – DELINQUENT SERVICE INFORMATION

Provide the member's gross salary and number of hours worked for each period of delinquent service.

Pay period End date	Gross salary	Number of hours worked

Pay period End date	Gross salary	Number of hours worked

PART 3 – RETIREMENT COORDINATOR CERTIFICATION

"Any person who shall knowingly make any false statement, or who shall falsify or permit to be falsified any record necessary for carrying out the intent of this act for the purpose of committing fraud, shall be guilty of a misdemeanor, and upon conviction shall be punished by a fine not exceeding Five Hundred Dollars (\$500.00) or by imprisonment for not exceeding one (1) year." 74 O.S. §924

I certify that the above employee information is correct according to the records of this participating employer.

Retirement Coordinator's signature

Date