



Ohio Police & Fire Pension Fund
 140 East Town Street
 Columbus, OH 43215
 Phone: 1-888-864-8363
 Email: questions@op-f.org
 www.op-f.org

EMPLOYER ACCOUNTING OF MEMBER COMPENSATION

Complete this form upon member retirement to ensure an accurate benefit calculation.

Section A: Member information

Name: (First, MI, Last, suffix (Jr., III, etc.))

- Police officer
 Firefighter

Social Security Number

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Rank

Date of birth

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Section B: Member compensation information

A member's termination date is the final day for which the member earned compensation by virtue of working, using vacation, sick leave, holidays, or compensatory time to remain on the payroll.

Final rate of pay

\$ _____ Yearly Monthly Semi-monthly Bi-weekly

Termination date

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Contract year

2,080 hours 2,496 hours 2,912 hours other: _____

Section C: Employer Information

Employer name:

Employer code:

Address:

City, state, ZIP code:

Employer phone:

Employer fax:

Employer representative:

Title:

Employer representative's e-mail:

Section D: Accounting of Compensation and Contributions

In order to assure an accurate pension benefit calculation, it is necessary to have an accounting of the compensation paid to a member. In the final month for which employee contributions were reported to the Ohio Police & Fire Pension Fund, the payroll report usually includes contributions for such items as unused sick leave, vacation, holidays and accumulated overtime. If this is not the case, report this final month as the month in which these separation payments are reported to OP&F.

Final month reported:

month										year							

Pay periods reported

Member contribution

\$ _____

Regular earnings

(regular pay plus vacation, sick leave, holidays or compensatory time used to maintain a member on payroll)

\$ _____

Section E: Separation pay

Holiday	\$	Hours paid:	Hours earned in the last 12 months (holidays paid within one year of being earned are pensionable): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			Earning period the hours above were earned: From: <input type="text"/> <input type="text"/> <input checked="" type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> <input checked="" type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> month year
Longevity	\$	Rate of payment \$_____ per... <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Bi-weekly	Earning period: From: <input type="text"/> <input type="text"/> <input checked="" type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> <input checked="" type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> month year
Other	\$	Description	
Other	\$	Description	
TOTAL	\$	Total separation pay:	

Section F: Signature and acknowledgement

I hereby certify that the foregoing completed form is correct and complete to the best of my knowledge.

Signature of employer representative



Date of Signature