

EMPLOYER CERTIFICATION OF MILITARY GRANTING

The member of the Ohio Police & Fire Pension Fund (OP&F) should **only** complete Section A below. The member's employer must complete sections B, C and D, then return the completed form to the OP&F member.

Section A: Member information

Member name:	Social Security Number																																								
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Requested military granting dates:																																									
From:	To:																																								
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Section B: Employer information *(to be completed by the employer)*

Employer name:	
Employer representative's name	Title
E-mail address	Phone

Section C: Earning period information *(to be completed by the employer)*

Please complete, sign and date this certification form for the above member and provide the requested information by earning period. Instructions on how to complete this form is included in the attached letter. Military granting is calculated by using the member's hourly rate multiplied by the base hours the member would have been scheduled had military service not interrupted the member's police or fire service.

Last day worked before military leave:

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First day worked after military leave:

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PPE date: _____,	Base Hours: _____	X	Hourly rate: \$ _____	=	Gross wages: \$ _____
PPE date: _____,	Base Hours: _____	X	Hourly rate: \$ _____	=	Gross wages: \$ _____
PPE date: _____,	Base Hours: _____	X	Hourly rate: \$ _____	=	Gross wages: \$ _____
PPE date: _____,	Base Hours: _____	X	Hourly rate: \$ _____	=	Gross wages: \$ _____
PPE date: _____,	Base Hours: _____	X	Hourly rate: \$ _____	=	Gross wages: \$ _____
PPE date: _____,	Base Hours: _____	X	Hourly rate: \$ _____	=	Gross wages: \$ _____
PPE date: _____,	Base Hours: _____	X	Hourly rate: \$ _____	=	Gross wages: \$ _____
PPE date: _____,	Base Hours: _____	X	Hourly rate: \$ _____	=	Gross wages: \$ _____
PPE date: _____,	Base Hours: _____	X	Hourly rate: \$ _____	=	Gross wages: \$ _____
PPE date: _____,	Base Hours: _____	X	Hourly rate: \$ _____	=	Gross wages: \$ _____
PPE date: _____,	Base Hours: _____	X	Hourly rate: \$ _____	=	Gross wages: \$ _____

Section D: Signature and acknowledgement *(to be completed by the employer)*

As a representative of the employer named above in Section B of this *Employer Certification of Military Granting*, I hereby certify the information provided is accurate and complete.

Signature:	Date of signature:
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