

## EMPLOYER SERVICE CREDIT PURCHASE CERTIFICATION

### *Civilian*

Under Ohio law, OP&F members can purchase service credit for prior full-time service rendered under any of the following Ohio retirement systems: Ohio Public Employees Retirement System, State Teachers Retirement System, School Employees Retirement System, Highway Patrol Retirement System, and the Cincinnati Retirement System. A "purchase" of service credit means that the member withdrew contributions from one of these retirement systems and wishes to buy service credit with OP&F for time served under these retirement systems. For purposes of determining "full-time service," OP&F may request the member and the member's former employer(s) to certify the full-time service. In any event OP&F will determine that the contributing credit was for "full-time service." Please complete this form and return it to the OP&F member.

#### Section A: Member information

Member name: \_\_\_\_\_

Social Security Number

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#### Section B: Employer information

Employer name: \_\_\_\_\_

Employer representative's name \_\_\_\_\_

Title \_\_\_\_\_

E-mail address \_\_\_\_\_

Phone \_\_\_\_\_

1. Was the employee hired in a **FULL-TIME** position?       Yes       No

2. Dates that this employee was **FULL-TIME**: from: 

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 to: 

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3. How many hours per week was this member required to work? \_\_\_\_\_

4. Please certify the hourly rate by year including any changes and the date the change occurred:

Date: \_\_\_\_\_ Hourly rate: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Hourly rate: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Hourly rate: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Hourly rate: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Hourly rate: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Hourly rate: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Hourly rate: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Hourly rate: \$ \_\_\_\_\_

#### Section C: Signature and acknowledgement

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

Signature: \_\_\_\_\_

Date of signature: \_\_\_\_\_