

EMPLOYER SERVICE CREDIT PURCHASE CERTIFICATION

Involuntary Layoff, Medical or Childbirth/Adoption Leave

The employer of the Ohio Police & Fire Pension Fund (OP&F) member listed below is to complete this form and return it to their employee. Do not send this information directly to OP&F. If this employee was on leave for more than one occasion, a separate form must be completed for each period.

Section A: Employee (OP&F member) information

Employee (OP&F 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Was this employee involuntarily on a layoff status? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Was this employee on medical or childbirth/adoption leave? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4. Last day this employee worked prior to the involuntary layoff or medical or childbirth/adoption leave:

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5. First day this employee worked after the involuntary layoff or medical or childbirth/adoption leave:

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6. Provide the **total gross wages** subject to retirement contributions this member would have received had he or she not been on a layoff, medical or childbirth/adoption leave status:

\$ _____

Section C: Signature and acknowledgement

As a representative of the employer named above in Section B of this *Employer Service Credit Purchase Certification, involuntary layoff, medical or childbirth/adoption leave*, I hereby certify the information provided is accurate and complete. To the best of my knowledge, during the above involuntary layoff period or medical or childbirth/adoption leave, this employee did not render any service to any employer which could be used in the calculation of any public or private retirement other than federal Social Security.

Signature:

Date of signature: