

Ohio Police & Fire Pension Fund 140 East Town Street Columbus, OH 43215 Phone: 1–888–864–8363

Fax: (614) 628–1777 www.op-f.org

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	Securit	y Numb	er		
	ection B: Employer information									
Er	nployer name:									
Er	nployer representative's name		Title							
E-	mail address	Phone								
1.	Was the employee hired in a FULL-TIME position?		Yes			lo				
2.	Was this employee involuntarily on a layoff status?		Yes			lo				
3.	Was this employee on medical or childbirth/adoption leave?		Yes			lo				
4.	Last day this employee worked prior to the involuntary layoff or medical or childbirth/adoption leave:]			
5.	First day this employee worked after the involuntary layoff or medical or childbirth/adoption leave:]			
6.	Provide the total gross wages subject to retirement contributing member would have received had he or she not been or layoff, medical or childbirth/adoption leave status:									
S	ection C: Signature and acknowledgement									
tar of an	a representative of the employer named above in Section B of playoff, medical or childbirth/adoption leave, I hereby certify the transport of the property of	he information p edical or childbi	rovided th/adop	is acc tion le	urate ave, t	and co his em	mpleto ployee	e. To tl e did n	he be ot rei	st nder

Signature:

Date of signature: