



Ohio Police & Fire Pension Fund  
 140 East Town Street  
 Columbus, OH 43215  
 Phone: 1-888-864-8363  
 Fax: (614) 628-1777  
 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

<b>Holiday</b>	\$	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 type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> month year
<b>Longevity</b>	\$	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 type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> month year
<b>Other</b>	\$	Description	
<b>Other</b>	\$	Description	
<b>TOTAL</b>	\$	<b>Total separation pay:</b>	

## 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