



Phone: (614) 628-8255

Address: OP&F • Department L-2521 • Columbus, OH 43260-2521

REPORT OF RETIREMENT DEDUCTIONS

Member Contribution Report Total

Employer/Frequency/Agreement Code (Example: 0928PB1)

Pay Period Beginning

Employer Name

Pay Period Ending

Page _____ of _____

Social Security Number	Name (Last, First, MI)	Earning Type	Lump Sum *		Hours Base	Hours Paid	Gross Salary	Taxed Employee Deductions	Tax Deferred		Work Code	Comments
			Earnings Begin Date	Earnings End Date					Member Salary Reduction Contributions	Employer Paid Benefit Contributions (Fringe Benefit)		
Page Totals												
Report Totals (this row must be completed on the last page of the report)												

I hereby certify that the foregoing payroll report is correct, that all employees subject to participation in OP&F in accordance with the laws, rules and regulations are shown hereon, and that the time credited to and the compensation by each employee is stated as shown by certified payrolls and records now on file in this office.

Signature Print Name Title Phone Number Fax Number Email Address