WORK HISTORY REPORT

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

Employer/Frequency/Agreement Code (Example: 0928PB1)	Employer Name	Page _____ of _____

Social Security Number	Name (Last, First, MI)	Earning Type	Earning Start Date	Earning Stop Date	Hours Base	Hours Paid	Gross Salary	Taxed Employee Contributions	Tax Deferred: Member Salary Reduction	Tax Deferred: Employer Paid Fringe Benefit	Work Code	Comments
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	Email Address

Deliver to: Finance Department / Employer Services Group
0293 1/24/2024. Previous versions obsolete.

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