



# OKLAHOMA

Teachers' Retirement System

Teachers' Retirement System of Oklahoma

P.O. Box 53524

Oklahoma City, OK 73152-3524

[mytrs.trs.ok.gov](http://mytrs.trs.ok.gov)

405-521-2387

Employee Name \_\_\_\_\_  
(Enter Name and SSN before forwarding to employer)

SSN: \_\_\_\_\_

## VERIFICATION OF OKLAHOMA SERVICE FOR BACK PAYMENT

Substitute teaching, less than half-time employment, graduate assistant and civil service work are not eligible for membership. Beginning July 1, 1985, FRINGE BENEFITS must be included in Salary Earned.

Please work down the columns, beginning with the first employment.

\_\_\_\_\_  
Original Date of Employment

Fiscal Year	Position	Salary Earned	# Days Worked	# Contracted Days	# Hrs Per Day

**IT IS MANDATORY THAT SALARY DOCUMENTATION BE ATTACHED TO THIS FORM.**

The above information is true and correct according to: (check one, and attach copies.)

\_\_\_ Actual Payroll Registers - Must show names of employer/employee; Social Security Number; monthly salary

\_\_\_ Social Security DETAILED Earning Information Record - Must include employer and salary by calendar year

\_\_\_ W-2s - Actual copies for each calendar year

I hereby certify under penalty of perjury that the  
above-named individual worked as stated.

SCHOOL STAMP  
or SEAL

\_\_\_\_\_  
Typed Name and Signature

\_\_\_\_\_  
Name of School/Institution

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date (Phone Number)

\_\_\_\_\_  
City State Zip