OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM
DATA ENTRY FORM – EMPLOYEE INFORMATION

Date:_____

_____ _____ _____ _____
First Name MI Last Name Suffix (i.e., Jr., Sr.)

_____-_____-_____
Social Security Number

Gender: ☐ Male ☐ Female

Date of Birth: _____ / _____ / _____
MM DD YYYY

Is this a law enforcement position? ☐ Yes ☐ No
☐ Full-time ☐ Part-time

Is this an elected official position? ☐ Yes ☐ No

Does this position require Fire Fighter or EMT training? ☐ Yes ☐ No

_____ _____ _____ _____
Street Address City State Zip Code

_____
P.O. Box Address (if applicable)

_____
E-mail Address

_____
Home Phone Number

_____
Cell Phone Number

_____
First Day Worked

- Payroll Use Only -

	Date	Initials
PAYX set-up complete	_____	_____
Entered on OPERS ECS	_____	_____