**This form must be completed and sent to Payroll within 10 days of the first date of employment by an employee receiving a benefit from one of the Ohio state retirement systems listed below.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Employee ID #:** |  |
| **First Name** |  | **Middle Name** |  |
| **Last Name** |  | **Suffix** |  |
| **Mailing Address**  | **County** |
| **City, State** |  | **Zip Code** |  |
| **Social Security Number** |  | **First Date on Payroll** |  |
| **Birth Date** (mm/dd/yyyy) |  | **Gender** M F |  |
| **Effective Date of Retirement** (mm/dd/yyyy) |
| **Type of Benefit** [ ]Service Retirement [ ]Disability [ ] ARP |
| **Ohio retirement system paying the benefit**[ ] School Employees Retirement System of Ohio [ ] State Teachers Retirement System of Ohio [ ] Ohio Public Employees Retirement System[ ] Alternative Retirement Plan (ARP) | [ ] Ohio Police & Fire Pension Fund[ ] Highway Patrol Retirement System [ ] City of Cincinnati Retirement System |

**Forward to the Payroll Office, zip+6210**

For Payroll Office Use Only:

ARP Eligible: Y N

Retirement System: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reported On Web: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_