



OPSEU Pension Trust

Fiducie du régime de retraite du SEFPO

# Employment Information

OPSEU Pension Trust 1 Adelaide Street East, Suite 1200, Toronto, Ontario M5C 3A7  
Telephone: 416-681-6100 Toll-free: 1-800-637-0024 Fax: 416-681-6175

## PERSONAL INFORMATION

<b>Member's Last Name</b>	<b>First Name and Initials</b>	<b>OPTrust ID Number</b>	<b>WIN Number</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## PLEASE COMPLETE THE SECTIONS INDICATED BY A CHECK MARK

1. Service Report for Unclassified or Seasonal Member      Member's Regular Full-time Hours of Work (Full-time equivalent if Regular Part-time)

2. Service Report for Buyback

<input type="text"/>	40 Hours	<input type="text"/>	36.25 Hours	<input type="text"/>	Other (Specify)
----------------------	----------	----------------------	-------------	----------------------	-----------------

<b>Period:</b> Report information by calendar year	<b>Salary Rate</b> (Indicate hour, week or annual)	<b>Actual Time Worked In Hours</b> (Excluding overtime)	<b>Regular Part-time Ratio</b> (e.g. .50 .66)	<b>Remarks</b>
From: Date (DD/MM/YYYY) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To: Date (DD/MM/YYYY) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
From: Date (DD/MM/YYYY) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To: Date (DD/MM/YYYY) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
From: Date (DD/MM/YYYY) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To: Date (DD/MM/YYYY) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## SIGNATURE

<b>Employer Official's Name (Please print)</b>	<b>Title</b>	<b>Telephone Number</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Employer Official's Signature</b>	<b>Date Signed (DD/MM/YYYY)</b>	<b>Fax Number</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>