



**NORTHEASTERN  
STATE UNIVERSITY**

**STATEMENT OF EMPLOYMENT**

**PART 1 CONTEMPORANEOUS EMPLOYMENT**

Oklahoma State Attorney General's opinion No. 75-146.

It is a violation of the Oklahoma Code of Ethics, and possibly the Oklahoma Budget Law of 1947 and the Oklahoma Criminal Code as well, for a person who is a full-time employee of one state agency to accept employment from another state agency when the hours of work for both are contemporaneous and when the person so employed receives compensation from both agencies.

Check one box:

- No, I am not employed full-time at another agency of the State of Oklahoma.
- Yes, I am employed full-time at another agency of the State of Oklahoma.

Agency name \_\_\_\_\_

If you checked "Yes", check one box:

- No, the hours of employment at \_\_\_\_\_ will not be contemporaneous with the duties at Northeastern State University.
- Yes, the hours of employment at \_\_\_\_\_ will be contemporaneous with the duties at Northeastern State University.

**PART 2 OKLAHOMA TEACHER'S RETIREMENT SYSTEM MEMBERSHIP**

Oklahoma Teacher's Retirement System Regulation No. 715:10-13-2.

Contributions shall be made on the total compensation of each member. Total compensation means salary and benefits from all sources including federally subsidized programs under the direct administration of a public school and includes pay to a teacher who also drives a school bus, OTRS members who are working part-time for another school and members employed on a regular basis who are employed by the same or different school in a summer school or night school program.

Check one box:

- I AM** receiving retirement benefits from OTRS.
- I AM NOT** an active member of Oklahoma Teacher's Retirement System.
- I AM** an active member of Oklahoma Teacher's Retirement System and I understand OTRS contributions will be withheld from my salary paid by Northeastern State University.)

I am currently employed at \_\_\_\_\_

My hire date at the institution above was \_\_\_\_\_

\_\_\_\_\_  
Employee Name (print)

XXX-XX-

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date