Oklahoma Firefighters Pension and Retirement System
6601 Broadway Ext., Suite 100
Oklahoma City, Oklahoma 73116-8214
1-800-525-7461 · (405) 522-4600 · Fax (405) 522-4643
www.ok.gov/fprs

Notice of Termination From Fire Department

Firefighters Name _____ **SSN** _____

Department _____ **Fire Dept. County (if applicable)** _____

Office Use Only:
City Code _____

☐ PAID ☐ VOLUNTEER Date of Termination _____

Reason: (Check One)

☐ Disabled (Line of Duty or Otherwise)

☐ Military

☐ Resigned

☐ Other

☐ Disciplinary (Possible legal action pending)

☐ **Suspension/Leave without pay

Date of Suspension : From:_____

To:_____

**Please contact pension office if suspension is longer than 6 months.*

_____
Fire Chief's Signature

_____
Fire Chief's Printed Name

_____
Fire Chief's Phone Number

This is treated as confidential information pursuant to §49-122.6 of Title 11 of the Oklahoma Statutes.