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Bureau of Fire and Police Disability and Retirement
1800 SW First Avenue, Suite 450, Portland, OR 97201
503-823-6823; FAX – 503-823-5166; B236/450

OUTSIDE EMPLOYMENT AND EARNINGS QUESTIONNAIRE

DATE:_____ MEMBER:_____CLAIM #:_____

1

Since your work injury or your last report of earnings, have you received or are you receiving wages from any source other than from the City of Portland? This includes income from self-employment, earnings from any military services activities and income from your rental properties. ____ YES ____ NO

If you own rental property, does the IRS require you to report your rental income as self employment income? (If so, your rental income is considered "outside wages" and is subject to wage offset) ____ YES ____ NO

If your answer is "YES" please complete the remainder of this questionnaire, as appropriate.

If your answer is "NO" STOP HERE! You are not required to complete the remainder of the questionnaire. Just sign and date this form and return it to this office immediately.

SELF-EMPLOYMENT

2

What are your net earnings year-to-date? $ _____ Date employment began: _____

Name of Business:_____ Address:_____

What type of work are you performing?_____

OTHER OUTSIDE EMPLOYMENT

3

a. What are your gross wages from _____ through _____. $ _____
- Please provide documentation of earnings.

b. What are your gross wages per pay period? $ _____ per _____(day, week, month, etc.)

c. Date employment began: _____ d. Expected length of this employment: _____

e. What type of work are you performing and what are your job activities? _____
_____

f. Name and address of your other employer(s)._____
_____

4

I hereby affirm that the above information is true. I agree to supply at my sole expense any additional information or supporting documentation that the Director deems appropriate. I further agree to inform the Director of any change in the above information.

_____ _____
MEMBER'S SIGNATURE **DATE**

PLEASE REMEMBER THAT CHAPTER 5 OF THE CITY CHARTER REQUIRES THAT YOU PROVIDE THE ABOVE INFORMATION TO FPDR. PAYMENT OF FURTHER COMPENSATION WILL BE DETERMINED BY THE INFORMATION YOU PROVIDE.