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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

SELF-EMPLOYMENT CERTIFCATION OF HOURS WORKED

MEMBER INFORMATION

1

Member Name: _____ Claim No: _____

Home Address: _____

City/State/Zip:_____

Home Phone: _____ Alternate Phone: _____

BUSINESS NAME OR DBA

2

Business Name: _____ State of Record: _____

Business Phone:_____Business Fax:_____ Email:_____

Address: _____

City, State and Zip code: _____

CERTIFICATION OF HOURS

3

Reporting Month: _____, 20___. *** Submit to FPDR by the 5th of the following month.**

Total Hours Worked Per Week*: _____ Total Hours Worked This Month:_____

Type of Work: _____

**** Self-Employment is considered full-time work only when the member is working an average of at least 36 hours per week or the maximum work hours documented in the permanent restrictions(s) placed by the attending physician.***

4

I hereby affirm that the information on this form is true and that I have worked the hours reported above. I agree to supply at my sole expense any additional information or supporting documentation requested by Director to fulfill my obligation to cooperate with administration of this claim as mandated by Chapter 5 of the Charter and the Administrative Rules.

_____

MEMBER - PRINT NAME

_____ _____

MEMBER - SIGNATURE **DATE**