



Notice of Leave Without Pay for Career Development

Type or print clearly in black ink. Illegible forms may be returned to member. This could delay your request.

First name	MI	Last name	Social Security number
Mailing address (street or PO box)			PERS number
City	State	Zip	Country
Date of birth (mm-dd-yyyy)			
Day phone number		Evening phone number	
Employer name		Employer number	Employer phone number

All leaves of absence without pay for any period greater than 11 consecutive work days during a month must be reported promptly. You will need to submit a new Notice of Leave Without Pay for Career Development form reflecting the accurate dates if:

- the dates change to extend the leave, or
- the member returns to work before the reported ending date.

The above member has been granted a leave of absence without pay for career development as defined in section 2(3)(d), chapter 733, Oregon Laws 2003 (Enrolled HB 2020) for the period

beginning _____ and ending _____.

I certify the above to be correct to the best of my knowledge.



 Signature of employer representative (do not print)

 Date

Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. Failure to supply your SSN may delay the processing of this form.

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling 503-598-7377, toll-free 888-320-7377, or TTY 503-603-7766.

Form #459-429.pdf (3/12/2004) IIM Code: 2319

Office use only	
<input type="checkbox"/> PERS <input type="checkbox"/> OPSRP <input type="checkbox"/> IAP	
<input type="checkbox"/> Member <input type="checkbox"/> Alternate payee <input type="checkbox"/> Cross reference member SSN	