PERS EMPLOYMENT CERTIFICATION FORM

Print Form

DOC

General Services Division
Fiscal Services Unit

Payroll and Benefits

Employee Name _____

SSN or
Employee OR # _____

Institution/
Functional Unit _____

In order to ensure that you receive employment credit for covered employment under the Public Employee Retirement System, please certify the following information:

☐ In the past twelve calendar months, **I have <u>not</u> been employed in any** capacity with any public employer in Oregon (public employer includes any agency of the State of Oregon, school district, city, county, municipal government, etc.).

☐ In the past twelve calendar months, **I have been employed** in some capacity with the following public employer(s) in Oregon (attach additional pages if necessary):

(1) Employer Name: _____

Dates of Employment: from: _____ to: _____

Contact Person: _____ Phone: _____

(2) Employer Name: _____

Dates of Employment: from: _____ to: _____

Contact Person: _____ Phone: _____

(3) Employer Name: _____

Dates of Employment: from: _____ to: _____

Contact Person: _____ Phone: _____

Employee Signature _____ Date _____

Please return this form with your W-4 form directly to your payroll office. This information will be used for the purpose of determining whether your prior public employment is covered employment under PERS and qualifies as time worked in determining future retirement benefits.

NOTE: If you are a PERS retiree, you do not need to complete this form. If you have completed this form within the past twelve months for purposes of employment with the Department of Corrections and if you have not had any other Oregon public employment since that time, you do not need to complete this form again.