

Instructions
for preparation of form 459-112
Corrected Separation from PERS-Covered Position

This form is to be used only to correct information previously reported on form 459-309, Notice of Separation from PERS-Covered Position.

You must always complete Sections A, B, E, and F. Sections C and D must be completed only if corrections are being made to individual items within the section(s).

All dollar amounts reported on this form should include dollars for a single calendar year only. Amounts for a prior calendar year will need to be corrected in a different fashion. Please contact your PERS employer coordinator for instructions on reporting changes.

If you have submitted a separation form indicating the employee was a Tier Two member and have subsequently learned that the employee should have been Tier One, please call your coordinator for assistance in making the correction.

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| Section A: Member information |
| 1. Enter the member's name. 2. Enter the member's Social Security number. 3. Check the box to indicate which tier member is in. |
| Section B: Employer information |
| 4. Enter employer name. 5. Enter employer number. 6. Enter the phone number for the person PERS can contact for questions about this form. |
| Section C: Item description |
| 7. and 8. In the original report column, enter the same dates used on the separation form you wish to correct. In the corrected report column, enter the corrected information. Lines 9a to 9c: Check "Yes" only if member was on a Leave of Absence Without Pay during the year reported on the separation form being corrected. Line 10a. to 10e. Employer must complete lines 10a through 10e. Enter zero if there is no amount on it. a. Enter the number of sick leave hours accumulated per available records. b. Enter the number of sick leave hours transferred in from other employer(s). c. Enter the number of sick leave hours reinstated upon the rehiring of a former employee. d. Enter the number of sick leave hours reported on previous notices of separation, or on previous employment class change reports (if included in line 10a). e. Enter the total of lines 10a minus 10b minus 10c minus 10d. (The new total may be less than zero.) |
| Section D: Employee contributions during current calendar year |
| Lines 11a to 11d: Use these lines only to report changes in contributions reported on a separation form previously sent to PERS. In the original report column, enter the figures reported on the separation form you wish to correct. In the corrected report column, enter the corrected figures. In the net change column, enter the net change in the figures (positive or negative). (Example: contributions were \$12.00; contributions are now \$10.50. Net change would be $-\$1.50$ or $<\$1.50>$.) Lines 12, 13a to 13c, and 14: Use these lines to show the calculations upon which lines 11a to 11c are based. Line 15: Use this line to indicate changes to the lump-sum payoff of accrued vacation included in Item 13. Line 16: Use this line to indicate change to total gross salary earned per your records for Tier Two members. |
| Section E: Reason or explanation for change(s) |
| Use this line to enter the explanation for the change being made. |
| Section F: Employer signature |
| This line must be signed by an authorized employer representative. |

Remember: All applicable parts of this form must be completed, including the employer signature. PERS will return any form that is not completed correctly. If it is returned, the form is not recorded as received by PERS until the complete form is resubmitted.

Mail form to: PERS, PO Box 23700, Tigard, OR 97281-3700



Corrected Separation from PERS-Covered Position

This form is strictly for the PERS Chapter 238 program. Call PERS or visit our website if this is not the form you need.

Section A: Member information (Type or print clearly in dark ink. Illegible forms may be returned to applicant. This could delay your request.)

| | | | | | | | | | | | |
|---------------|----|-----------|--|--|--|--|--|--|--|--|--|
| 1. First name | MI | Last name | 2. Social Security number | | | | | | | | |
| | | | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | |
| | | | | | | | | | | | |

3. Tier One member
Tier Two member

Section B: Employer information

| | | |
|------------------|-----------------|-----------------------|
| 4. Employer name | 5. Employer no. | 6. Employer phone no. |
|------------------|-----------------|-----------------------|

Section C: Item description **Original report** **Corrected report**

| | | |
|---|--|--|
| 7. Last day worked in a PERS-covered position (last day on the job) | _____ | _____ |
| 8. Date of final payment in a PERS-covered position | _____ | _____ |
| 9a. Was member on Leave of Absence Without Pay? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9b. If 9a is yes, date leave began and date leave ended (see Leave of Absence Without Pay form) | Bg _____ | Bg _____ |
| 9c. Date other leave ended | Ed _____ | Ed _____ |
| 10a. Accumulated unused sick leave | _____ hours | NOTE: Sick leave earned cannot exceed 8 hours per month worked. |
| 10b. Less sick leave transferred in from another employer | _____ hours | |
| 10c. Less sick leave reinstated | _____ hours | |
| 10d. Less sick leave reported on previous separations (if any included in 10a) | _____ hours | |
| 10e. Net unused sick leave for PERS (10a - 10b - 10c - 10d) | _____ | |

Section D: Employee contributions during current calendar year **Net Change**

| | | | |
|---|----------|----------|----------|
| 11a. Member paid pre-tax (MPPT) for this reporting | \$ _____ | \$ _____ | \$ _____ |
| 11b. Member paid after-tax (W/H) for this reporting | \$ _____ | \$ _____ | \$ _____ |
| 11c. Employer paid pre-tax (EPPT) for employee for this reporting | \$ _____ | \$ _____ | \$ _____ |
| 11d. Police officer and firefighter unit contributions | \$ _____ | \$ _____ | \$ _____ |
| 12. Total gross salary paid per your records | \$ _____ | \$ _____ | \$ _____ |
| 13a. Waiting period salary (non-subject) | \$ _____ | \$ _____ | \$ _____ |
| 13b. Other non-subject salary | \$ _____ | \$ _____ | \$ _____ |
| 13c. Total non-subject salary (13a + 13b) | \$ _____ | \$ _____ | \$ _____ |
| 14. Subject salary (12 - 13c) | \$ _____ | \$ _____ | \$ _____ |
| 15. Lump-sum vacation payoff included in item 13, if any | \$ _____ | \$ _____ | \$ _____ |
| 16. Report for Tier Two members only. Total gross salary earned per your records (memo item only) | \$ _____ | \$ _____ | \$ _____ |

Section E: Reason or explanation for change(s)

Section F: Employer signature **Office use only**

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|---|--|
| <p>I certify the above to be correct to the best of my knowledge.</p> _____ Signature of employer rep. (do not print) Date | <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 |
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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.