

Instructions for preparing Form 459-227 Employment Class Change

Note: Salary and contributions should not include previously reported dollars from prior separations in effective calendar year.

1. Enter member's Social Security number.
2. Enter member's name.
3. Enter member's mailing address.
4. Enter employer name, phone number, and PERS-assigned four digit reporting number.
- 5/6. Check one to indicate the type of class change.
7. Indicate date change is effective.
8. Employer must complete lines 8a through 8e. Enter zero if there is no amount or it is unknown.
 - 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 8a.)
 - e. Enter the total of line A minus line B minus line C minus line D (the new total may be less than zero).
9.
 - a. Include all PERS contributions paid by the member on a pre-tax basis.
 - b. Include all PERS contributions paid by the member on an after-tax basis.
 - c. Include all PERS contributions paid by the employer on behalf of the employee on a pre-tax basis.
 - d. Include all unit contributions paid by the member.
10. Gross salary **paid** per your records.
11. Less non-subject salary:
 - a. Amount of salary paid during six-month qualifying period **not** subject to PERS contributions.
 - b. Payments made during 2003 (other than 11a above) that were not subject to PERS contributions.
 - c. Total of lines 11a and 11b YTD Totals = Non-subject salary.
12. The difference of line 10 minus line 11c.

This form must be signed by an authorized employer representative.



Employment Class Change

For employment class changes in 2003 or prior.

Print clearly in black ink. Illegible forms will be returned. This could delay your request.

Note: Use only if employee is remaining with same employer and changing classification from police officer and firefighter to general service or from general service to police officer and firefighter. In all other cases use a Separation from PERS-Covered Position and Employment in a PERS-Covered Position. See instructions on a reverse side.		1. Social Security number	
2. Member name		PERS number	
3. Mailing address (street or PO Box)	City	State	Zip Country
4. Employer name	Employer Phone number	Employer number	

Employee is changing classification (✓ one):	7. Effective date of change
5. <input type="checkbox"/> From police officer and firefighter to general service	Month / Day / Year
6. <input type="checkbox"/> From general service to police officer and firefighter	

8. a. Accumulated unused sick leave _____ hours	Note: Sick Leave earned cannot exceed 8 hours per month worked
b. Less sick leave transferred in from another employer _____ hours	
c. Less sick leave reinstated _____ hours	
d. Less sick leave reported on previous separations or on previous employment class change (if any included in 8a) _____ hours	
e. Net unused sick leave for PERS: (8a – 8b – 8c – 8d)	

Contributions for effective calendar year

9. a. Member paid pre-tax (MPPT)	\$ _____
b. Member paid after-tax (WH)	\$ _____
c. Employer paid pre-tax (EPPT)	\$ _____
d. Police officer and firefighter unit contributions (if changing from police and fire to general service only)	\$ _____

Salary as of effective date of change

10. Total gross salary per your records.....	\$ _____
11. Lesson-subject salary:	
a. "Waiting period"	\$ _____
b. Other.....	\$ _____
c. (11A + 11B)	\$ _____
12. Subject salary (10 – 11C)	\$ _____

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

_____ Date

Signature of employer representative (do not print)

If you have any questions, please call our Membership unit at 503-603-7788.

Instructions on back. Please retain a copy of this form for your records.

Office use only	
<input checked="" 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	

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.