



Employer Request for Penalty Waiver

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

Employer name	Employer number
Requestors name	Phone number

Reason for waiver request (attach additional information if necessary) _____

 Signature of employer representative (do not print) Date

Section B: Type of penalty

Statement date _____

Late reporting _____ Report due date _____ Report submission date

Late remittance _____ Payment due date _____ Payment received date _____ Statement amount _____ Remittance Amount

Incorrect payment method

Section C: PERS office only

Number of waivers granted in the past three years:

_____ Late reporting _____ Late remittance _____ Incorrect payment method

Comment (attach additional information if necessary) _____

Reviewers recommendation: Deny waiver Grant waiver

 Signature of reviewer supervisor (do not print) Date

MERS supervisor recommendation: Deny waiver Grant waiver

 Signature of MERS supervisor (do not print) Date

Section D: PERS director decision

Deny waiver Grant waiver

 Signature of PERS director or designee (do not print) Date

_____ Penalty suspense date _____ Initials

_____ Letter response date _____ Initials

_____ FSD notification date _____ Initials

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	