



Sick Leave Information Request

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

Social Security number									
*	*	*	*	*					
PERS number									
Date									

Please complete, sign, and return this form promptly after the date of separation for the named member. Any delay will slow payments to the retiree.

Retirement date: _____

Section A: Employee information

a. Member's name: First	Middle	Last
b. Employment segment: Member was in your employ from _____ to _____.		Employer number

Section B: Sick leave information (Required)

Note: Sick leave earned cannot exceed eight hours per month worked.


a. Total accumulated unused sick leave	_____ hours
b. Less sick leave transferred in from another employer	_____ hours
c. Less sick leave reinstated	_____ hours
d. Net unused sick leave for this segment of employment for PERS: (2a-2b-2c) =	_____ hours

Section C: Sick leave reported (Required)

a. If sick leave reported is for a period before July 1, 1973, was it based on actual records? <input type="checkbox"/> Yes <input type="checkbox"/> No
b. If no, compute at 2.675 X _____ months = _____ hours (ORS 238.350(2)(f)(B))

Section D: Employer certification (Required)

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

 _____
Employer Representative signature (do not print) Date

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	

Be sure to retain a copy for your records.

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.

Instructions for preparing Form 459-171a Sick Leave Information Request

Legislative changes to the retirement law altered requirements for reporting unused sick leave. This member has applied for benefits, and we need the requested sick leave information as soon as possible to avoid delays in making requested benefit payments.

Section A: Employee information

- a. Enter the member name.
- b. **Employment segment** means the specific period a member worked for you in a PERS-covered position. The dates we enter are from our member records. Enter the dates that the member was employed and the employer number.

Section B: Sick leave information (Required)

Employer must complete this box **only** for the employment segment noted on face of form.

- Complete this box based on the sick-leave records available.
 - Enter zero if there is no amount.
 - Enter “no records” if it is unknown.
- a. The number of sick leave hours accumulated from employer’s available records.
 - b. The number of sick leave hours with pay transferred in from another employer(s).
 - c. The number of sick leave hours with pay reinstated upon the rehiring of a former employee.
 - d. The **total** of line a minus line b equals the Net Unused Sick Leave for this segment of employment. (The net may be less than zero.)

Section C: Sick leave reported (Required)

- a. If the answer to the question is yes, include this information in Section B, line a.
- b. Multiply number of months before July 1, 1973, by 2.675 and enter result. Also include this amount in Section B, line a.

Section D: Employer certification (Required)

This section must be signed and dated by an authorized employer representative.

Submit this form as soon as possible. A delay may hold up payment to the retiree.

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