



Certification of Individual Contract

Employee Social Security number									
*	*	*	*	*					
PERS number									
Date									
Employer number									

This form must be completed and returned to PERS before we can calculate retirement benefits.

Section A: Employee information

If an employee was on an individual contract, indicate below the salary for the last full school year of employment and the term of the contract in hours. **Note:** An individual contract is a personal contract between the school and employee. A collective bargaining agreement is **not** an individual contract.

Employee name		
Salary	Term of contract (in hours)*	Retirement date

*Hours per contract day multiplied by the number of days in the contract.

Section B: Employer certification

I certify the above employee was / was not on an individual contract for less than 12 months, and sick leave entitlement was less than 96 hours per year for the period certified.

 Signature of certifying employer (do not print)

 Date

 Name of certifying employer (please print)

 Phone number

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	

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.