

## Instructions for preparation of form 459-309a Separation from PERS-Covered Position

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

1. Enter member's name.
2. Enter member's Social Security number.
3. Enter member's mailing address.
4. a. Check box to indicate which tier member is in.  
b. Check appropriate box; a supplemental is needed when date last paid on the original form was in a prior year.
5. Check box if known or applicable.
6. Enter employer name, phone number, and PERS-assigned four-digit reporting number.
7. Last day the person was actually working on the job in a PERS-covered position.
8. Date of final payment of salary paid in a PERS-covered position.
9. Complete the applicable box(es) and date(s). Please identify "other leave" if applicable.
10. Complete if applicable. If the answer is yes, enter dates. If the leave began in a prior calendar year and carried over to current calendar year, enter actual starting date. If you report more than one period in the current calendar year, please attach an additional sheet. If you have not yet completed a Leave of Absence Without Pay form, please complete the form now, and submit with this Notice of Separation.
11. Employer must complete lines 11a through 11e. Enter zero if there is no amount or it is unknown.
  - a. Enter the number of hours of sick leave accumulated per available records.
  - b. Enter the number of hours of sick leave transferred in from other employer(s).
  - c. Enter the number of hours of sick leave reinstated upon the rehiring of a former employee.
  - d. Enter the number of hours of sick leave reported on previous notices of separation, or on previous employment class change reports (if included in line 11a).
  - e. Enter the total unused sick leave hours (11a - 11b - 11c - 11d).
12.
  - 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.
  - 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.
13. Gross salary **paid** per your records.
14.
  - a. Amount of salary paid during six-month qualifying period **not** subject to PERS contributions in current calendar year.
  - b. Payments made during calendar year (other than 14a above) that were not subject to PERS contributions.
  - c. Total of lines 14a and 14b.
15. The difference of line 13 minus line 14c.
16. Lump-sum vacation payoff included in item 15, if any.
17. Total gross salary earned per your records for Tier Two member.
18. This form must be signed by an authorized employer representative.



## Notice of Separation from a PERS-Covered Position

For separations in 2002 or prior. Use EDX for all separations 2004 and after. Use form 309b if this is for 2003 lookback calculations.

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

1. First name	MI	Last name	2. Social Security number					
3. Mailing address (street or PO Box)			City	State	Zip	Country		
4a. Tier One Member <input type="checkbox"/>		4b. Process as Regular <input type="checkbox"/>						
Tier Two Member <input type="checkbox"/>		Process as Supplemental <input type="checkbox"/>						
5. Separation due to: <input type="checkbox"/> Retirement <input type="checkbox"/> Termination <input type="checkbox"/> Disability <input type="checkbox"/> Left qualified position <input type="checkbox"/> Death; date of death _____								
6. Employer name			Phone no.	Employer no.				
7. Last day worked in a PERS-covered position (last day on the job): _____								
8. Date of <b>final</b> payment of salary in a PERS-covered position: _____								
9. Was member on <b>paid leave</b> after last day worked? <input type="checkbox"/> Yes <input type="checkbox"/> No								
<b>Type of paid leave:</b> ..... <b>Date ended:</b> <input type="checkbox"/> Vacation leave ..... <input type="checkbox"/> Sick leave ..... <input type="checkbox"/> Other .....								
10. Was member on leave of absence without pay during current calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No From _____ to _____ (See Leave of Absence Without Pay form.)								
11a. Accumulated unused sick leave _____ hours			11b. Less sick leave transferred in from another employer _____ hours		<b>NOTE: Sick leave earned cannot exceed eight hours per month worked.</b>			
11c. Less sick leave reinstated _____ hours			11d. Less sick leave reported on previous separations (if any included in 11a) _____ hours					
11e. NET unused sick leave for PERS (11a - 11b - 11c - 11d) = _____ hours								
Employee contributions during current calendar year								
12a. Member paid pre-tax (MPPT) ..... \$ _____			12b. Member paid after-tax (W/H) ..... \$ _____				12c. Employer paid pre-tax (EPPT) ..... \$ _____	
12d. Police officer and firefighter unit contributions ..... \$ _____								
13. Total gross salary <b>paid</b> per your records ..... \$ _____								
14. Less non-subject salary ..... \$ _____								
a. Waiting period ..... \$ _____								
b. Other: Type _____ ..... \$ _____								
c. Total non-subject salary (14a + 14b) ..... \$ _____								
15. Subject salary (13 - 14c) ..... \$ _____								
16. Lump-sum vacation payoff included in item 15, if any ..... \$ _____								
17. <b>Report for Tier Two members only</b> total gross salary <b>earned</b> per your records (memo item only) ..... \$ _____								

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

\_\_\_\_\_  
 Signature of employer rep. (do not print)                      Date

**Office use only**

PERS     OPSRP     IAP

Member     Alternate payee

Cross reference member SSN

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.**

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.

ORS: 238

Form #459-309a.pdf (12/1/2006) SL3 IIM Code: 2302
