DAS
DEPARTMENT OF ADMINISTRATIVE SERVICES
ENTERPRISE GOODS & SERVICES

Centralized PERS Sei
Financial Business Systems
155 Cottage St NE
Salem, OR 97301
Fax: 503-378-4596

Year-To-Date Correction Form

For questions e-mail us at: central.PERSservicesteam@oregon.gov

Find this form at: http://www.oregon.gov/das/Financial/Payroll/Pages/cpers.aspx

Employee Name: _____
(Required - Print or Type Clearly)

Employee EIN: _____
(Required - Print or Type Clearly)

Employer Number: _____
(Required - Print or Type Clearly)

What OSPA Tax Year Needs Correction (One form per year): _____
(Required)

Reason for Correction (Required - write a check mark or description next to the selected option):

Retro	
W-2c	
Settlement	
Salary Adjustment	
Other Type of Correction (specify)	

Correction to LSVP or LSP

	PPE Should Have Been Paid	Date Actually Paid	Amount
Vacation (LSVP)			
Comp Time or Other (LSP)			

Did you include these amounts in the subject salary below?

Yes ☐ **No** ☐

Dates		Original Reporting					Corrected Reporting					Difference in Reporting			Dates & Correctives	
Box 1	**Box 2**	**Box 3**	**Box 4**	**Box 5**	**Box 6**	**Box 7**	**Box 8**	**Box 9**	**Box 10**	**Box 11**	**Box 12**	**Box 13**	**Box 14**	**Box 15**	**Box 16**	**Box 17**
PPE Combine Run 1 and Run 2 (Required)	**Pay Date** Combine all to Run 1 Pay Date (Required)	**Original Hours Reported** (Required if originally reported)		**Original PERS Subject Wages** What was originally paid on the payroll registers for this PPE. Combine Run 1 and Run 2 (Required)		**EPPT ☐ MPPT ☐** (Who pays 6%) * This field will auto calculate.	**Corrected Hours Reported** (Required if originally reported.)		**Corrected PERS Subject Wages** What the wages should have been reported due to over/under payment - Combine Run 1 and Run 2 (Required)		**EPPT ☐ MPPT ☐** (Who pays 6%) * This field will auto calculate.	**Difference in PERS Subject Wages** This field will auto calculate the difference between what was originally reported and the corrected amounts.		**EPPT ☐ MPPT ☐** (Who pays 6%) * This field will auto calculate.	**If Corrective Flag Was Set, What is the OSPA Transaction Date?** (Required)	**If P050 Entry Was Made, What PPE Was Used** (Required)
		RG	**OT**	**RG**	**OT**		**RG**	**OT**	**RG**	**OT**		**RG**	**OT**			
						$ -					$ -	$ -	$ -	$ -		
						$ -					$ -	$ -	$ -	$ -		
						$ -					$ -	$ -	$ -	$ -		
						$ -					$ -	$ -	$ -	$ -		
						$ -					$ -	$ -	$ -	$ -		
						$ -					$ -	$ -	$ -	$ -		
						$ -					$ -	$ -	$ -	$ -		
						$ -					$ -	$ -	$ -	$ -		
						$ -					$ -	$ -	$ -	$ -		
						$ -					$ -	$ -	$ -	$ -		
						$ -					$ -	$ -	$ -	$ -		
						$ -					$ -	$ -	$ -	$ -		
Totals		-	-	$ -	$ -	$ -	-	-	$ -	$ -	$ -	$ -	$ -	$ -		

*** This Form is set up to calculate the six-percent (6%) EPPT/MPPT contributions whether they are owed or not. If the employee is in wait time contributions will be removed for accurate invoicing.**

Comment(s):

Authorized Agency Signature _____ Date _____

Phone Number _____