



Notice of Leave Without Pay for Career Development

This form is for all PERS retirement programs. Call or visit our website if this is not the form you need.

First name		MI	Last name		Social Security number (SSN)*
Mailing address (street or PO box)					PERS number (optional)
City	State	ZIP code	Country	Date of birth (mm/dd/yyyy)	
Home phone number	Work phone number	Cell phone number	Email (optional)		

All leaves of absence without pay for any period greater than 11 consecutive work days during a month must be reported promptly. You will need to submit a new Notice of Leave Without Pay for Career Development form reflecting the accurate dates if:

- the dates change to extend the leave, or
- the member returns to work before the reported ending date

The above member has been granted a leave of absence without pay for career development as defined in section 2(3)(d), chapter 733, Oregon Laws 2003 (Enrolled HB 2020) for the period.

Beginning _____ and ending _____.

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

Signature of employer representative (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		
Check number _____		
Check amount \$ _____		
RA date _____		
Initials _____		