

Instructions for Data Verification Employer Request for an Extension

General information

- Type or print clearly in dark ink. Illegible forms could be returned, which could delay your request.
- Do not change anything on the form; alterations will void the form.
- Sign and date the form and mail to PERS at PO Box 23700, Tigard OR 97281-3700.
- Employer request must be received within 21 days of PERS requested work item.

Section A: Employer information (Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.)

Fill out employer information area completely.

- Enter the employer name.
- Enter the employer number.
- Enter the name of the employer representative.
(This is usually the name of the person completing and signing the form.)
- Enter requestor phone number. Include the area code and an extension number if one is available.

Section B: Member information

Fill out member information area completely.

- Enter the member's name.
- Enter the member's PERS number.

Section C: Extension request

- Enter the number of days you would like to extend this request. Provide the date your extension will end.
- Enter the reason you are requesting an extension. Attach additional information if necessary.

Unless this form is filled out completely, your extension may not be approved.



11410 SW 68th Parkway, Tigard OR 97223
 Mailing Address – PO Box 23700, Tigard OR 97281-3700
 Toll free – 888-320-7377 fax – 503-598-0561
 Website – <http://oregon.gov/pers>



Data Verification Employer Request for an Extension

Section A: Employer information (Type or print clearly in dark ink. Illegible forms could be returned to applicant. This could delay your request.)

Employer name	PERS employer number
Employer representative name	Phone number

Section B: Member information

First name	MI	Last name	PERS number
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Section C: Extension request

I request an extension of _____ days, ending _____.
(mm/dd/yyyy)

Reason for the extension request. (Attach additional information if necessary.)

 Signature of employer representative (do not print) _____
 Date (mm/dd/yyyy)

PERS office only

Reviewer's recommendation Deny extension Grant extension

 Signature of reviewer (do not print) _____
 Date (mm/dd/yyyy)

Signature of PERS director or designee Deny extension Grant extension

 Signature of PERS director or designee (do not print) _____
 Date (mm/dd/yyyy)