



Centralized PERS Services Team
 Financial Business Systems
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email: central.PERSServicesTeam@oregon.gov
 Find this form at: <http://www.oregon.gov/DAS/Financial/Payroll/pages/cpers.aspx>

Disability Information Request Form

This request is being sent because the following employee, who is currently employed or has been employed in the past, has requested a disability benefit from PERS.

Employee Name: _____

Employee ID: _____ Employer Number (ER####): _____

This is a: New Request: Request for Updated Information:

The employee reported to PERS that his or her last day physically worked was (including any partial days): _____

Please use the employee's timesheets and payroll registers to verify the last day worked and leave used to answer and/or mark the Yes or No boxes for the questions below. These tools will ensure an accurate response.

When necessary please mark Yes or No boxes below

- What was the employee's last day physically working for the agency: _____
 (Use payroll registers to verify there are no wages paid more than 31 days after this date unless the employee used leave.)
- Has the employee returned to work since the last day physically worked? Yes No
 If yes, what date did they return to work? _____
 Did the employee attempt to return to work under the PERS 90-day "Return to Work Program"?
 Yes No
- Was the member on any paid leave after the last day physically worked? Yes No
 If yes, please list the employee's last day of paid leave (including any donated leave and partial days of leave): _____
 (Use payroll registers to verify there are no wages paid more than 31 days after this date.)
- What was the employee's last full month's gross salary (not base salary, not a partial month and not a month with leave without pay [LWOP])? \$ _____

Please note that you may receive multiple requests of this form until the disability claim is approved or denied. Circumstances that may prolong this process are using leave balances, using donated leave, multiple events, etc.

If an employee who has been receiving donated leave decides to no longer accept donated leave, please contact the DAS Centralized PERS Services Team contact for your agency so that we can request an updated form as soon as possible. This will speed up the benefit process for the employee.

If the employee has had previous full days of LWOP, please provide the start and stop dates of all full days of LWOP segments to the DAS Centralized PERS Services Team contact for your agency by e-mail to central.persserviceteam@state.or.us.

Comments: _____

Signature _____ Date _____