



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 – <https://oregon.gov/pers>

---

### 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

- 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 – <https://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
------------	----	-----------	-------------

### 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)

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You can request help by calling toll free 888-320-7377, or TTY 503-603-7766.