



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>

Release Time Certification

ORS 243.802, effective January 1, 2020, states that public employers may agree to provide a reasonable term of “release time” for public employees to serve as designated representatives of their respective bargaining units. It further provides that:

- Designated representatives may receive full retirement credit for the entire duration of the release time pursuant to the collective bargaining agreement or any other written agreement entered into between the public employer and the exclusive representative.
- Designated representatives shall have a right of reinstatement with the public employer at the conclusion of the release time.
- Unless otherwise provided in a collective bargaining agreement or any other written agreement entered into between a public employer and the bargaining unit, the bargaining unit shall reimburse the public employer for any compensation that is paid to the designated representatives during a period of release time. Such compensation includes any employer contributions made toward any employee benefits, including benefits under ORS Chapter 238.

General information

- PERS Tier One/Tier Two members may receive retirement credit for any eligible release time period(s).
- Complete the form by either filling out the PDF on your computer and printing it or printing a blank form and filling it out by hand clearly in dark ink. Sending an illegible form will slow processing.
- Do not change anything on this form; alterations will void the form.
- At the end of the release-time period, complete sections A, B, and C and submit the form to your employer (this is usually your payroll or HR department). The completed, signed release time certification form must then be submitted to PERS by your employer within **180 days** of the last day of the release-time period.

Section A: Member demographic information

- Enter your name and complete address in the appropriate fields.
- Enter your PERS ID and SSN (optional) in the boxes provided. If you do not know your PERS ID, leave the PERS ID box blank.
- If you do not have an email address or prefer not to be contacted through email, leave that box blank.

Section B: Employer information

- Enter the name of the employer you worked for when you received the release time.
- Enter the dates when the release time began and ended.

Section C: Certification method

- Sign, date, and give this form to your employer (i.e., your payroll or HR department) and request they complete Section D.
- Please inform your employer that the completed, signed release time certification form must be submitted to PERS within **180 days** of the last day of the release-time period.

Section D: Employer certification

Employer: Select one of the boxes in this section to certify whether or not the member listed in Section A was or was not on an approved and compensable release time during the period the member listed in Section B.

Sign and date the form, and send the form **and** the release time agreement to PERS by mail (PO Box 23700, Tigard, OR 97281-3700) or fax (503-598-0561).



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Release Time Certification

Use this form to request PERS Tier One/Tier Two retirement credit under ORS 243.802 for periods of release time.

Section A: Member demographic information

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

Section B: Employer information

Employer name		Employer number
Release-time period began (mm/dd/yyyy)		Release-time period ended (mm/dd/yyyy)

Section C: Certification method

I authorize the employer, identified in Section B, to release any information the Oregon Public Employee Retirement System requests pertaining to this release time served under ORS 243.802 in section B.

 Member signature Date

Section D: Employer certification

- I certify that the member named in Section A was on an approved release time during the period listed in Section B and there was a release time agreement, which is attached.
- The release time has been reported to PERS.
 - The release time has not been reported to PERS; however, I will work with PERS to report the release time.
- I certify that the member named in Section A was NOT on an approved release time during the period listed in Section B.

 Employer representative name Employer representative signature Date

Please send the complete form **and** the release time agreement to PERS by mail (PO Box 23700, Tigard, OR 97281-3700) or fax (503-598-0561).

Thank you for providing the requested information.

*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form. In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling toll free 888-320-7377 or TTY 503-603-7766.