

Instructions for Certification of Seasonal Service

Important: Read instructions before you complete and submit this form.

If you are a PERS member who served for less than six months working full-time in a seasonal position as defined in ORS 238.135(2) with a PERS employer before becoming a member of the system, and you have 10 years or more of creditable service at retirement, you may be eligible to purchase retirement credit for that seasonal service. You cannot purchase retirement credit for any period of seasonal employment for which you purchase retirement credit under ORS 238.125.

General instructions

- 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 may void the form.
- Sign and date the form.
- Make a copy of every page of this form for your records.

Section A: Applicant information

Fill in the applicant information section completely.

- Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it could take PERS staff longer to process your form.
- If you do not know your PERS ID, leave the space provided blank.
- We advise you to provide your phone numbers and email address so we can reach you with information or questions about your form.
- If you prefer not to be contacted through email or by phone, leave these fields blank.

Section B: Applicant employer information

You must fill out this section completely.

Submit this form to each of your seasonal employers so they can provide the information we need in Section C to process your request. If more space is needed, copy this form, and mail one to each employer after you have completed Section B.

Only seasonal time periods of less than six months may be purchased.

Section C: Seasonal employer information (To be completed by employer.)

Note to applicant: The **employer(s)** you worked for during your seasonal employment must complete this section.

Instructions to employer(s): You must answer both questions in this section and complete Section D for this certification to be accepted. If you answer no to either or both of questions, then complete Section D.

If you answer yes to either or both of these questions, then fill out the table in Section C: completely. Include the month, day, year, and monthly salary paid for each segment that the applicant named in Section A: worked for you full-time in a seasonal position (apprenticeship, internship, or entry level role) for a period of less than six months before the applicant was hired into a technical or professional position. (See example below)

Example:

Name of employer	Term of service						Monthly Salary Paid
	From			To			
	Month	Day	Year	Month	Day	Year	
Department of Administrative Services	12	24	74	3	15	75	637.00
	12	24	75	3	22	76	843.00
	1	11	77	3	30	77	968.00
	1	1	78	6	15	78	1468.00

Section D: Certification

Fill out this section completely.

You must sign Section D. Failure to do so could delay the applicant's request.

Return the completed form to PERS, PO Box 23700, Tigard OR 97281-3700.

Instruction Page for form #459-649 (5/11/2018) SL3



Certification of Seasonal Service

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

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

Section B: Applicant employer information

1. Former employer name	
Employment began (mm/dd/yyyy)	Employment ended (mm/dd/yyyy)
2. Former employer name	
Employment began (mm/dd/yyyy)	Employment ended (mm/dd/yyyy)
3. Former employer name	
Employment began (mm/dd/yyyy)	Employment ended (mm/dd/yyyy)
4. Former employer name	
Employment began (mm/dd/yyyy)	Employment ended (mm/dd/yyyy)

I want to purchase seasonal service time. The seasonal position(s) was an apprenticeship, internship, or entry-level role for a participating public employer who later employed me in a technical or professional position.

I authorize the public employer to release any information to the Oregon Public Employees Retirement System (PERS) pertaining to my request for retirement credit.

Member signature (do not print)

Date

*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it could 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.

Section C: Seasonal employer information (to be completed by employer)

The applicant named in Section A is a member of the Oregon Public Employees Retirement System (PERS) and wants to establish retirement credit for **seasonal employment**. Please complete this section for service rendered by this applicant working for less than six months in a full-time seasonal position as defined in ORS 238.135(2). Include the month, day, year, and monthly salary paid for **each** segment the applicant worked.

The employer must answer the following two questions before PERS can calculate a seasonal purchase.

1. Was the applicant named in Section A employed in a full-time seasonal position? A seasonal position, as referred to in ORS 238.135, is an apprenticeship, internship, or entry-level role in the employ of a participating public employer that is served by a person before being employed in a technical or professional position with the same employer.
☐ Yes ☐ No
2. Did the above seasonal position lead to employment in a technical or professional position?
☐ Yes ☐ No

Name of employer	Term of service						Monthly Salary Paid
	From			To			
	Month	Day	Year	Month	Day	Year	

Section D: Certification

I certify the above information is correct as it pertains to the applicant named in Section A.

From the official records of _____
Name of employer

Address _____ Phone number _____

Signature _____ Title _____ Date _____

Please return the completed form to PERS, PO Box 23700, Tigard OR 97281-3700.