

Salary Breakdown

First date of hire
Information for calendar year

Name	Soc. Sec. no.	Employer no.
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Pay period	Date paid	Hours	Salary	Contributions already paid (if any)			Qualifying quarter (for PERS use only)	
				Employer paid	Employee paid (pre-tax)	Employee paid (after tax)	Total hours	Y/N
Totals								

After January 1, 1995, certain contract exceptions existed to allow for limited continuation of employer payment of the 6 percent employee contribution. If this individual was part of an employee group whose contract allowed for this exception, please check here. Please state when that contract exception expires _____.

 Signature (do not print) Date Phone number

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling ☎ **503-598-7377**, ☎ toll-free **888-320-7377**, or TTY ☎ **503-603-7766**.

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