



## Employer Request for Penalty Waiver

**Section A: Employer information** (Type or print clearly in dark ink. Illegible forms may be returned to applicant. This could delay your request.)

Employer name	Employer number
Requestors name	Phone number

Reason for waiver request (attach additional information if necessary) \_\_\_\_\_

\_\_\_\_\_  
 Signature of employer representative (do not print) Date

**Section B: Type of penalty**

Statement date \_\_\_\_\_

- Late reporting \_\_\_\_\_ \_\_\_\_\_  
Report due date Report submission date
- Late remittance \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Payment due date Payment received date Statement amount Remittance Amount
- Incorrect payment method

**Section C: PERS office only**

Number of waivers granted in the past three years:

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 Late reporting Late remittance Incorrect payment method

Comment (attach additional information if necessary) \_\_\_\_\_

Reviewers recommendation:  Deny waiver  Grant waiver

\_\_\_\_\_  
 Signature of reviewer supervisor (do not print) Date

MERS supervisor recommendation:  Deny waiver  Grant waiver

\_\_\_\_\_  
 Signature of MERS supervisor (do not print) Date

**Section D: PERS director decision**

- Deny waiver  Grant waiver

\_\_\_\_\_  
 Signature of PERS director or designee (do not print) Date

\_\_\_\_\_ \_\_\_\_\_  
 Penalty suspense date Initials

\_\_\_\_\_ \_\_\_\_\_  
 Letter response date Initials

\_\_\_\_\_ \_\_\_\_\_  
 FSD notification date Initials

<b>Office use only</b>	
<input type="checkbox"/> PERS <input type="checkbox"/> OPSRP <input type="checkbox"/> IAP	
<input type="checkbox"/> Member <input type="checkbox"/> Alternate payee <input type="checkbox"/> Cross reference member SSN	