

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 – http://oregon.gov/pers



2214

Uniformed Services Employment and Reemployment Rights Act (USERRA)

This form is for both the PERS Chapter 238 program (Tier One/Tier Two) and the Oregon Public Service Retirement Plan (OPSRP). Call or visit our website if this is not the form you need.

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

Member first name	MI	Last name		Social Security number*
Member mailing address (street or PO box)				PERS number
City	State	Zip	Country	Member phone number

Section B: Employer certification

I hereby certify that the employee listed above has met all of the requirements for reemployment under the Uniformed Services Employment and Reemployment Rights Act (USERRA) 38U.S.C.4301-4333.

Employer number			Emp	Employer name									
Certifying person's name			Title	Title									
Signature				Phor	Phone Ext					Date			
Section	n C: Qua	lifying t	ime peri	od									
Last date of employment or paid leave prior to USERRA-qualifying time:,,,										<u> </u> .			
Time period that qualifies under USERRA: from $\frac{1}{\sqrt{1}}$						$\frac{1}{10000000000000000000000000000000000$,	(year), (day) , $(year)$.		
First date of employment or paid leave following USERRA-qualifying time: $\frac{1}{(month)}$, $\frac{1}{(day)}$, $\frac{1}{(year)}$.										<u> </u> .			
Section D: Salary that would have been earned during each month of USERRA qualifying time													
Year	Jan.	Feb.	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	
Section	n E: Con	tributio	ns (Chec	k only o	ne box.)								

1. I Member contributions would have been paid by the employer (EPPT).

- 2. D Member contributions would have been paid by the employer (EFF 2. Member contributions were paid by the member pre-tax (MPPT).
- 3. \Box Member contributions were paid by the member after tax (MPAT).

*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. Form #459-451 (12/12/2016) SL3 IIM Code: 2214