



MyPERS Reporting User Authorization

Revised 07/01/2015

Please print or type in black ink. Employers should use this form to authorize or remove authorization of employees' MyPERS Reporting account access. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

- 1 Employee Information and Status** – Employer may authorize up to three employees to access the MyPERS Reporting system at any given time. Each employee listed must acknowledge by signature his or her MyPERS Reporting authorization status.

Employee ID provided by PERS: _____ ☐ Authorize Access ☐ Remove Access Authorization

First Name: _____ MI: _____ Last Name: _____ Gender: ☐ M ☐ F

Work Phone: _____ Date of Birth mm/dd/ccyy: _____ E-Mail: _____

Employment Status: ☐ PERS Member ☐ Contractor/Third Party: _____

I, the undersigned, acknowledge that I have been informed of my above-marked MyPERS Reporting authorization status and that the information provided about me above is accurate and correct.

Employee's Signature: _____ Date mm/dd/ccyy: _____

Employee ID provided by PERS: _____ ☐ Authorize Access ☐ Remove Access Authorization

First Name: _____ MI: _____ Last Name: _____ Gender: ☐ M ☐ F

Work Phone: _____ Date of Birth mm/dd/ccyy: _____ E-Mail: _____

Employment Status: ☐ PERS Member ☐ Contractor/Third Party: _____

I, the undersigned, acknowledge that I have been informed of my above-marked MyPERS Reporting authorization status and that the information provided about me above is accurate and correct.

Employee's Signature: _____ Date mm/dd/ccyy: _____

Employee ID provided by PERS: _____ ☐ Authorize Access ☐ Remove Access Authorization

First Name: _____ MI: _____ Last Name: _____ Gender: ☐ M ☐ F

Work Phone: _____ Date of Birth mm/dd/ccyy: _____ E-Mail: _____

Employment Status: ☐ PERS Member ☐ Contractor/Third Party: _____

I, the undersigned, acknowledge that I have been informed of my above-marked MyPERS Reporting authorization status and that the information provided about me above is accurate and correct.

Employee's Signature: _____ Date mm/dd/ccyy: _____

2 Employer Certification

Employer Name: _____ Employer No.: _____ - _____

Executive Officer's Name: _____ Executive Officer's Title: _____

Executive Officer's Phone: _____ Fax: _____ E-Mail: _____

I, the undersigned, acknowledge that all information provided above is accurate and correct to the best of my knowledge. Furthermore, I certify that the above-listed employees are either authorized or removed from authorization status for account access to the MyPERS Reporting system as so marked.

Executive Officer's Signature: _____ Date mm/dd/ccyy: _____