

Oregon Public Universities Benefit/Accrual Verification Form

For transfer of prior state service credit, leave balances, health insurance and/or PERS/ORP retirement information

INSTRUCTIONS: This form officially certifies employee information by the departing university to the hiring university and should be initiated by the employee and forwarded to the appropriate Payroll or HR departments, in order to collect information about retirement, health insurance and any leave balances that may be transferred to new university employment or paid out by the departing university. The acceptance of any leave accruals are dependent on the new universities bargaining agreements, policies and procedures. **DISTRIBUTION:** This form must be signed by a central Payroll, HR, and/or Benefit representative from the separating university and submitted to the hiring university.

TRANSFERRING EMPLOYEE INFORMATION

Last name:	First name:	Preferred First name:	Last 4 of SSN:
Primary Employment Classification:			
<input type="checkbox"/> Administrative	<input type="checkbox"/> Faculty/Teaching	<input type="checkbox"/> Classified	<input type="checkbox"/> Post Doctoral <input type="checkbox"/> Other: _____

EMPLOYEE INFORMATION (VERIFIED BY DEPARTING UNIVERSITY)

HR/Payroll Staff Completing Form:		Title _____	
Printed Name: _____		Phone or Email: _____	
Signature: _____		Date: _____	
University Transferring FROM (Chart of Accounts) :		Dates of Employment:	
<input type="checkbox"/> (B): UO <input type="checkbox"/> (E): WOU <input type="checkbox"/> (H): OIT		Current Hire: _____ First Working Day: _____	
<input type="checkbox"/> (C): OSU <input type="checkbox"/> (F): SOU		Original Hire: _____ Last Day Physically Worked: _____	
<input type="checkbox"/> (D): PSU <input type="checkbox"/> (G): EOU		Adjusted Service: _____ Last Day in Paid Status: _____	
Is the employee enrolled in PEBB Benefits?		Did the employee satisfy the 6-month trial service waiting period?	
<input type="checkbox"/> Yes, benefits end: _____ <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No → Notes: _____	
Retirement Information:		What retirement program was the employee in?	
Was the employee eligible for an election?		<input type="checkbox"/> PERS Tier 1 <input type="checkbox"/> ORP Tier 1 <input type="checkbox"/> ORP Tier 4	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> PERS Tier 2 <input type="checkbox"/> ORP Tier 2	
If eligible for election, did the employee submit an election?		<input type="checkbox"/> PERS/OPSRP <input type="checkbox"/> ORP Tier 3	
<input type="checkbox"/> Yes (attach copy) <input type="checkbox"/> No Notes: _____		What retirement vendor did the employee enroll with?	
Retirement Contribution Start Date for PERS or ORP: _____		<input type="checkbox"/> TIAA <input type="checkbox"/> Fidelity <input type="checkbox"/> Voya	
TDI 403(b) Contributions Year-to-Date:			
Pretax: _____ Roth: _____			
Final Leave Balances (Verified by Payroll After Final Check):		Title _____	
Vacation: _____ Verified by: _____		Phone or Email: _____	
Sick: _____ Signature: _____		Date: _____	

ACCEPTING UNIVERSITY (REHIRING UNIVERSITY)

University Transferring TO (Chart of Accounts) :		Dates of Employment:		Trial Service Waived?	
<input type="checkbox"/> (B): UO <input type="checkbox"/> (E): WOU <input type="checkbox"/> (H): OIT		Current Hire: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> (C): OSU <input type="checkbox"/> (F): SOU		Original Hire: _____		Notes: _____	
<input type="checkbox"/> (D): PSU <input type="checkbox"/> (G): EOU		Adjusted Service: _____			
		First Working Day: _____			
Leave Balances Accepted from Transfer: Vacation: _____ Sick: _____ Entered on: _____					
Copy of Retirement Election Form Received? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable					
HR/Payroll Staff Completing Form: <input type="checkbox"/> HR <input type="checkbox"/> Payroll <input type="checkbox"/> Business Center					
Printed Name: _____		Title _____			
Signature: _____		Date: _____			

UNIVERSITY CENTRAL HR/PAYROLL CONTACT INFORMATION

Institution	Mailing Address	Email	Phone	Fax
(B) UO	5210 University of Oregon, Eugene, OR 97403	hrbenefits@uoregon.edu	541-346-3085	541-346-2548
(C) OSU	122 Kerr Admin. Bldg., Corvallis, OR 97331			541-737-0553
(D) PSU	P.O. Box 751, Portland, OR 97207			503-725-5896
(E) WSU	345 N. Monmouth Ave., Monmouth, OR 97361			503-838-8144
(F) SOU	1250 Siskiyou Blvd., Ashland, OR 97520	HRS@sou.edu	541-552-8553	541-552-8508
(G) EOU	One University Blvd., La Grande, OR 97580			541-962-3023
(H) OIT	3201 Campus Dr., Kalamath Falls, OR 97601			541-851-5200