



# ORP Authorization

Form 9-ORP – Revised 12/1/2013

Please print or type in black ink. Completion of this form designates ORP contacts and those who are authorized to certify termination dates for ORP participants. Completed form should be mailed or faxed to PERS. See bottom of form for contact information. A copy of this form will be provided to each ORP vendor. Please provide updates as needed.

## 1 Employee/Contact Information:

Authorized to Certify Termination Dates

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_

## Employee/Contact Information:

Authorized to Certify Termination Dates

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_

## Employee/Contact Information:

Authorized to Certify Termination Dates

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_

## Employee/Contact Information:

Authorized to Certify Termination Dates

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_

## Employee/Contact Information:

Authorized to Certify Termination Dates

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_

## 2 Employer Certification

Employer Name: \_\_\_\_\_ Employer No.: \_\_\_\_\_ - \_\_\_\_\_

Employer Representative Name: \_\_\_\_\_ Employer Representative Title: \_\_\_\_\_

Employer Representative 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 official ORP contacts for the above employer and, if noted above, are authorized to certify termination dates for ORP participants.*

Employer Representative Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_