



# Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

1-800-222-PERS (7377) www.opers.org

## Employer Request for Return of Unauthorized Contributions

This request is to be used by the employer for the return of unauthorized employee retirement contributions. If the requested amount of unauthorized contributions has already been included in a refund of account, the employer request for return of unauthorized contributions will be voided and no further processing will occur.

### Section 1 - Employee Information

Employee First Name

MI

Last Name

Social Security Number

Employer Code Reported Under

#### PAYROLL PERIOD DATES

	Month	Day	Year		Month	Day	Year	Employee Contribution to be Returned
Beginning	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ending	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
	Month	Day	Year		Month	Day	Year	Employee Contribution to be Returned
Beginning	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ending	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
	Month	Day	Year		Month	Day	Year	Employee Contribution to be Returned
Beginning	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ending	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
	Month	Day	Year		Month	Day	Year	Employee Contribution to be Returned
Beginning	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ending	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
	Month	Day	Year		Month	Day	Year	Employee Contribution to be Returned
Beginning	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ending	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

### Section 2 - Reason for Request - This form will be voided and not processed if this section is not completed

1. Method of compensation is based on pay per unit including but not limited to payment made on a fee basis such as per page, per meeting, per inspection or per emergency response event. ***If you are unsure whether compensation is based on pay per unit, please contact Employer Services at 888-400-0965, prompt #3 to request an earnable salary determination.***
2. Reporting error not based on pay per unit compensation as outlined in choice 1 above.

### Section 3 - Employer Certification

Employer Name

I, \_\_\_\_\_, hereby certify the information on this Request is true and accurate.  
Print Payroll or Fiscal Officer Name

Today's Date

Month Day Year

Payroll or Fiscal Officer Signature

Department

Work Phone Number