



# WEB-ERS Authorization

Form WEB-ERS – Revised 10/3/2011

Please print or type in black ink. Completion of this form authorizes or removes authorization of account access to the Web-based Employer Reporting System (WEB-ERS). 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 WEB-ERS at any given time. Employers should use the sections below to authorize or remove authorization of employees' WEB-ERS account access. Each employee listed must acknowledge by signature his or her WEB-ERS authorization status.

**Employee Status:**  Authorize Access  Remove Access Authorization (Only name and Social Security number necessary for removal)

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

Social Security No.: \_\_\_\_\_ Date of Birth mm/dd/ccyy: \_\_\_\_\_ Gender:  M  F

Marital Status:  Single  Married  Divorced  Widowed Employment Status:  PERS Member  Contractor/Third Party

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

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

**Employee Status:**  Authorize Access  Remove Access Authorization (Only name and Social Security number necessary for removal)

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

Social Security No.: \_\_\_\_\_ Date of Birth mm/dd/ccyy: \_\_\_\_\_ Gender:  M  F

Marital Status:  Single  Married  Divorced  Widowed Employment Status:  PERS Member  Contractor/Third Party

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

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

**Employee Status:**  Authorize Access  Remove Access Authorization (Only name and Social Security number necessary for removal)

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

Social Security No.: \_\_\_\_\_ Date of Birth mm/dd/ccyy: \_\_\_\_\_ Gender:  M  F

Marital Status:  Single  Married  Divorced  Widowed Employment Status:  PERS Member  Contractor/Third Party

I, the undersigned, acknowledge that I have been informed of my above-marked WEB-ERS 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 WEB-ERS as so marked.

Executive Officer's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_