



OCERS Pay Code Request Form

Section 1: Plan Sponsor Contact Information

To be completed by a Plan Sponsor representative who is requesting a new pay item code

Plan Sponsor Name	Plan Sponsor Representative
Contact Number	Date

Section 2: New Pay Item Type**General Information**

Pay Period	Pay Period Begin Date	Pay Period End Date
Pay Code		

Description of Pay Code:

Section 3: OCERS STAFF (to be filled out by OCERS Staff)

Is this item Pensionable? YES <input type="checkbox"/> NO <input type="checkbox"/>	Will it be used in FAS? YES <input type="checkbox"/> NO <input type="checkbox"/>
Will it be prorated in FAS? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Additional Notes:

Instructions:

When implementing a new Pay Code that will be sent on the transmittal to OCERS please complete and submit a Pay Code Request Form, so that the new Pay Code can be entered into the OCERS Retirement System prior to importing the transmittal.

1. Download form from the Plan Sponsor Section of the OCERS Web site www.ocers.org or call the OCERS Transmittal desk at 714-569-4834 to request a form.
2. Fill in and complete the top two sections of the OCERS Pay Code Request form.
3. Fax form to 714-558-6234, attention transmittal desk.