



Application to Make Voluntary Pay Reduction Contributions (VPR) (7/1/2015-6/30/2017)

Please submit this **Application to Make Voluntary Pay Reduction Contributions (VPR)** only if you wish to request the cost to make up missed contributions for periods of VPR in lieu of furlough from a SURS-covered employer during the period July 1, 2015 through June 30, 2017. **The employer must fill out Part 2.** SURS must receive this Application by **December 30, 2018.** Accordingly, this form should be provided to the employer as early as possible to ensure forwarding to SURS by the deadline. Upon receipt of this completed form, SURS will provide cost information in accordance with 40 ILCS 5/15-113.11(b).

PART 1 – EMPLOYEE SECTION (To be completed by the employee and forwarded to the employer to complete Part 2.)

I, _____, hereby apply to make contributions for periods of VPR of in lieu of furlough during the <small>Print Name Here</small> <small>period July 1, 2015, through June 30, 2017, as permitted under 40 ILCS 5/15-113.11(b).</small>		
Period(s) of VPR in lieu of furlough _____ through _____ _____ through _____		
<small>xxx-xx-_____</small> Last four of S.S. #	_____ Employee Signature	_____ Date

PART 2 – EMPLOYER SECTION (To be completed by the employer's payroll or human resources personnel and returned to SURS.)

On the basis of official records, I, the undersigned, certify that the individual identified on this form had the following period(s) of VPR in lieu of furlough and that the individual forfeited earnings that would otherwise have been paid for the period(s) but for the voluntary pay reduction, as documented below. I acknowledge that SURS must be informed immediately if reimbursement for period(s) of VPR in lieu of furlough is paid and SURS contributions are deducted from the reimbursement.

Name of Employer Name of Certifying Official Signature of Certifying Official Date

List the period(s) of VPR in lieu of furlough **already taken** between July 1, 2015 and June 30, 2017 for the employee and the corresponding earnings information. Non-consecutive periods and periods at different rates of pay reduction should be listed as separate entries.

Dates of Pay Reduction	Percent of Pay Reduction	Unreduced Monthly Rate at Start of Period	Reduced Monthly Rate at Start of Period	# Months Worked	# Months Paid	Forfeited Earnings For Period

Additional pages may be attached as needed. This completed application and any supporting documentation must be postmarked and mailed or faxed to SURS by **December 30, 2018.**