



NOTICE OF IRREGULAR SALARY OR NO DEPOSIT
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 53707 (Rev 12-2009)

NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657
(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920

PART A MEMBER INFORMATION

Name (Last, First, Middle)	NDPERS Member ID
Last 4 digits of Social Security Number	Date of Birth
Organization Name:	NDPERS Organization ID

PART B NOTICE OF IRREGULAR SALARY OR MISSED DEPOSIT

Leave of Absence/Leave without Pay (Notice of Status or Employment Change SFN 53611 is attached)

Hourly Employee – Hours Vary from Month to Month

Reporting Error – Salaries should be credited as follows:
_____ (Month) \$ _____ (Amount)
_____ (Month) \$ _____ (Amount)

Retirement Contributions Missed on All or a Portion of a Previous Salary – Salaries should be credited as follows:
_____ (Month) \$ _____ (Amount)
_____ (Month) \$ _____ (Amount)

Seasonal Employee

Employee and Employer have a formal salary arrangement/contract in place.
Excess Salary to be annualized over current contract year:
Excess Salary \$ _____ to be distributed
from _____ (Month/Year) to _____ (Month/Year)

Employee and Employer have **no** formal salary arrangement/contract in place.
Excess Salary \$ _____ to be distributed over physical work period
from _____ (Month/Year) to _____ (Month/Year)

Membership Termination (Notice of Status or Employment Change SFN 53611 is attached)

Other:

PART C AUTHORIZATION OF AUTHORIZED AGENT

I certify that the above information is true and correct.

Authorized Agent Signature

Date of Signature

INSTRUCTIONS

PART A MEMBER INFORMATION

Enter member's name and NDPERS ID, last four digits of social security number, and date of birth

PART B NOTICE OF IRREGULAR SALARY OR NO DEPOSIT

Complete this section to document:

1. An irregular salary
2. A missed retirement contribution
3. A seasonal employee's salary agreement

Complete this section to:

1. To direct an adjustment to a previously posted salary(ies)
2. To initiate a bill to your agency for a missed contribution

PART C AUTHORIZATION OF AUTHORIZED AGENT

Your agency's designated PERS authorized agent must sign and date this form.