

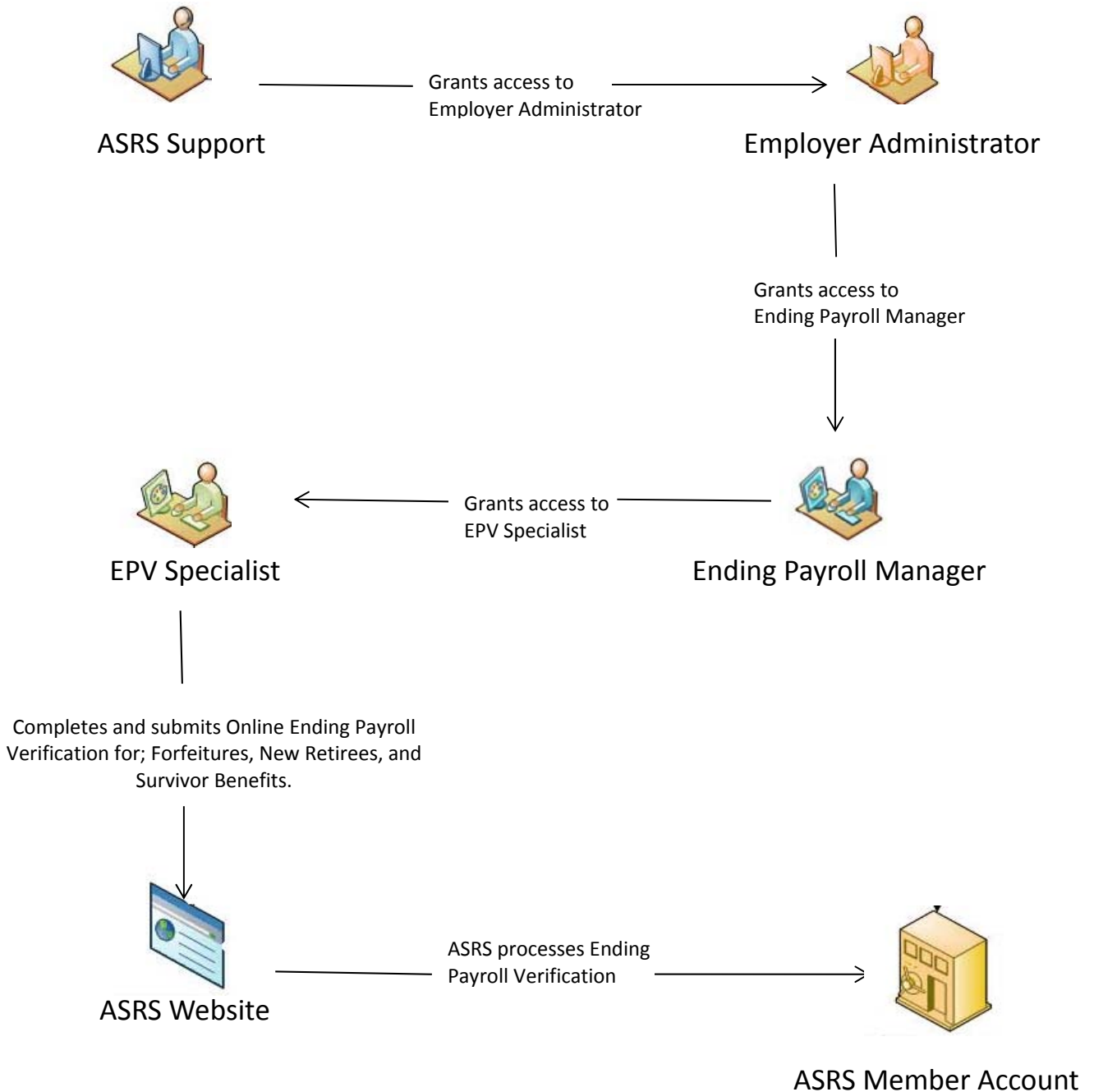
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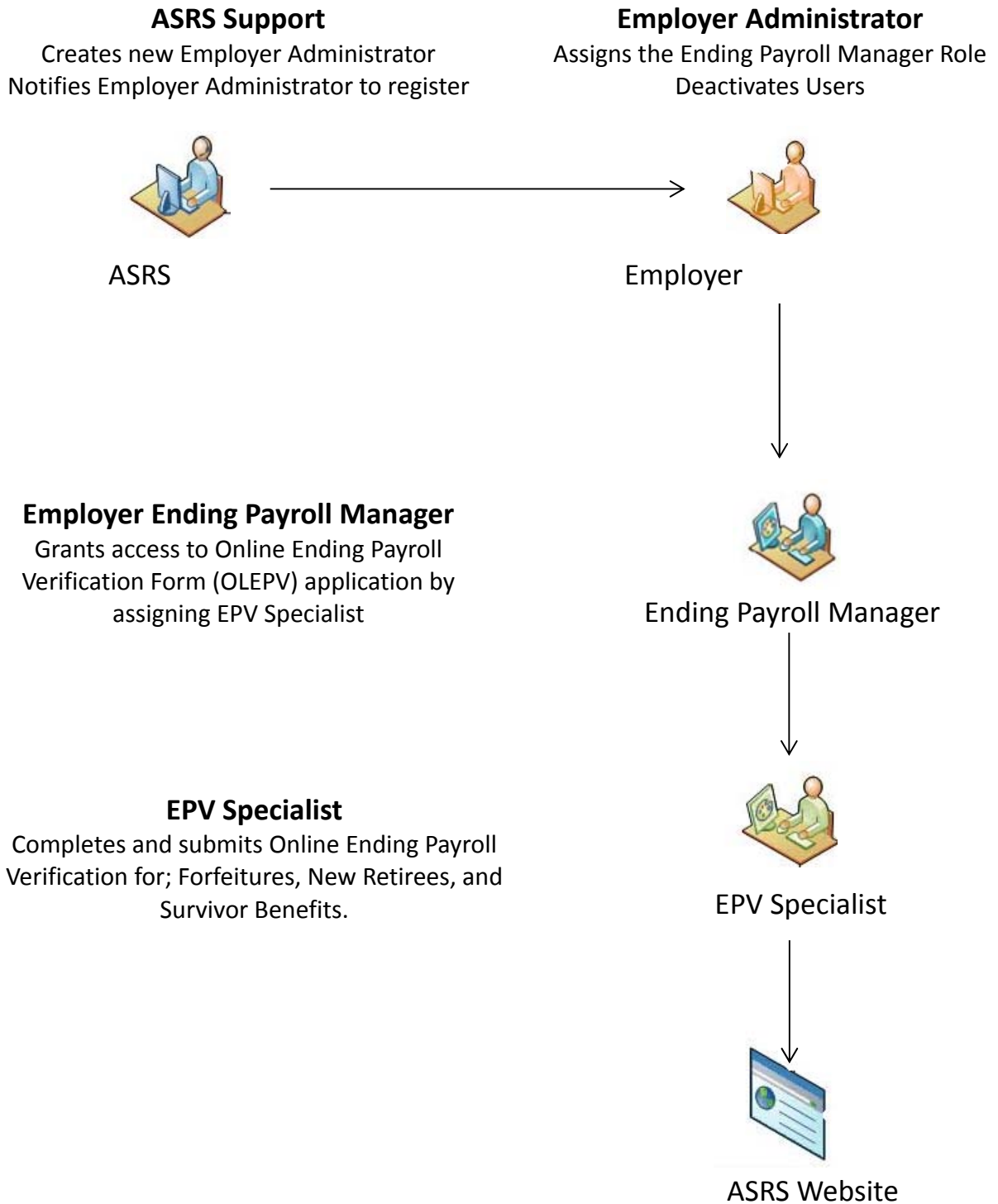
Section One:

**Online Ending Payroll
Verification (EPV) Process**

Online EPV Process Flow



Online EPV Administration



Section Two:
Getting Started

Online EPV Form

The Employer Administrator must designate an Ending Payroll Manager. The Ending Payroll Manager will designate the Ending Payroll Verification Specialist for the ASRS online application.

There are three types of Ending Payroll Verification forms: New Retirement, Refund and Survivor Benefit.

Step 1

EPV Specialist will access the employer secure home site at **AzASRS.gov** and login.

Click on Ending Payroll Verification in the left navigation pane of the secure home site to view the current and un-submitted EPVs.

Step 2

Viewing a Current and Un-Submitted EPV Request

Process Ending Payroll Verification Requests

This page will allow you to verify the termination of employment for the member who requested to either Refund, is a New Retiree or a Survivor Benefit.

The [Ending Payroll Verification User Guide](#) contains additional information on this process.

Show submitted last 12 months

Current and Unsubmitted Ending Payroll Verifications:

Date Requested	EPV Type	SSN	First Name	Last Name	Status	Date Modified
05/23/2014	NEWRET	545-25-5555	Jane	Employee	NEW	

User Guide

Click to see submitted EPVs for the past 12 months – Click and Go to Step 3.

Click on any line to open an EPV Form.

See Status Definitions below.

Status Definitions:

- New** Has not been opened.
- Opened** Has been viewed, but no changes have been saved.
- Edited** Has been viewed, changes saved, not submitted to ASRS.

Step 3

Submitted within the last 12 months EPV Requests

Process Ending Payroll Verification Requests

This page will allow you to verify the termination of employment for the member who requested to either Refund, is a New Retiree or a Survivor Benefit.

 [Click here to open the Ending Payroll Verification User Guide](#)

No Ending Payroll Verifications submitted in the last 12 months

SSN	First Name	Last Name	Original Submitted Date	Last Resubmission Date	Status
555-25-5555	Frederick		04/23/2012		SUBMITTED
545-25-5555	Elizabeth		04/09/2012		EDITED
	Sonya		04/09/2012		EDITED
	Nan		04/09/2012		SUBMITTED
	Edward		04/09/2012		EDITED
	Christopher		04/09/2012		SUBMITTED
	Petra		04/09/2012		SUBMITTED
	Carolyn		04/09/2012		SUBMITTED
	Bernadette		04/09/2012		SUBMITTED
	Wendy		04/09/2012		EDITED
	Jael		04/09/2012		SUBMITTED
	Kenneth		04/09/2012		SUBMITTED
	Larry		04/09/2012	04/09/2012	RESUBMITTED

User Guide

Click to see current and un-submitted EPVs for the past 12 months – Click and Go to Step 2.

Click on any line to open the EPV Form - Go to required EPV.

See Status Definitions below.

To update status press F5 or use refresh on your browser.

Status Definitions:

- Submitted** Has not been re-opened, edited or re-submitted
- Edited** Is a previously submitted form that has been re-opened, changes saved, not submitted to ASRS.
- Resubmitted** Has been viewed, changes saved, submitted to ASRS

Once the Ending Payroll Verification Form has been opened, depending on the type of EPV, go to the following pages in this document for instructions:

- New Retirement EPV Pages 10-12
- Survivor Benefit EPV Pages 13-14
- Refund EPV Pages 15-16

Section Three:

**Ending Payroll
Verification Forms**

New Retirement EPV

New Retirement Ending Payroll Verification Form

Fill out the following information in order to complete the pending request and verify the pre-filled information. Fields marked with asterisk(*) are required

- You have 30 minutes to fill this form out, please use the save button to avoid losing work.

Member Information ⓘ **Information Button is available for each section**

SSN	555-55-5555
Full Name	Jones, Peter
Termination Date *	<input type="text"/>
Or	
Last Day of ASRS membership *	<input type="text"/>
Or	
Not Applicable *	<input type="checkbox"/>

Click "Not applicable" if the employee did not terminate or change their employment to a status that is no longer eligible for active ASRS membership. Comments are required.

Member Information auto populates.

Enter the termination date, typically the final date employee worked or was paid through.

If the employee did not terminate employment, use the last date of ASRS Membership, or the date the 20/20 criteria was not met.

Total Salary Paid ⓘ

Amount paid to member during their last fiscal year

Total Salary Paid

Regular (Base) Compensation ⓘ

List the member's regular wages for the last three (3) payrolls and include any balance of contract, if applicable.

*Do not include termination payments in this section

Pay Period Ending Date (mm/dd/yyyy)	Gross	Retirement Contributions	
04/01/2012	\$1,500	\$150	Delete

Add Row

Total Salary paid in the last fiscal year, July 1 through termination date. May be a partial year total, depending on when the employee terminated.

Click to add rows.

Enter the last three PPE, Gross wages on which ASRS contributions were withheld.

Do not include Employer contributions or LTD.

Regular base compensation does not include any amounts paid contingent upon termination of employment.

Other Compensation

List all lump sum and periodic payments paid in the last five(5) years that were not regular wages or pay for performance. Identify the payment type (annual, sick, early retirement incentive, termination pay). For detailed information on the payment types click on the following link [Payment Types Document](#)

***Do not include amounts withheld for Long Term Disability**

Pay Period Ending Date (mm/dd/yyyy)	Gross	Payment Type	Retirement Contributions
		--SELECT ONE--	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		--SELECT ONE--	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Claim Resolution	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Contract Termination	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Indirect Benefits	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Leave Balance Purchase	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Longevity	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Military Differential	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Non-Accountable Reimbursements	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Non-Monetary Benefits	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		On Call/Stand By	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Pay Withheld by Employee Election	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Pay Withheld by Requirements of Law	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Performance	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Regular	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Retroactive	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Stability	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Termination	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Test payment type1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Unidentifiable	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Voluntary Separation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Add Row

Click to view definitions of payment types.

List all lump sum and periodic payments made in the last five years that were in addition to regular or base compensation.

Enter appropriate PPE, Gross wages on which ASRS contributions were withheld and employee pension contributions.

Do not include Employer contributions or LTD.

Select the appropriate payment type.

Go to payment types document to see definitions above.

Notes and comments to ASRS

(Please limit the comments to a maximum of 10,000 characters)

10000 characters left

Explanation required if "Not Applicable" is checked under member information.

Employer Information and Certification of Authorized Employer Representative

Employer Name	University Of Arizona
ASRS Employer Number	104120
Asrs Phone Number	555-555-5555
Title	EPVM
Email Address	webadministrationtest@azasrs.gov
Employer User Name	Jones, Jennifer

Employer Certification

- I certify that I am the employer user named above and my title and contact information is current and correct.

Save Submit Cancel

Verify employer information is current and valid.

Click on Employer Certification, verifying you are the employer user.

Button Definitions:

Save	Saves changes and places the EPV back in the current list for additional entry.
Submit	Saves changes and submits to ASRS for processing. The EPV is moved into the Historical list for future revisions if necessary.
Cancel	Cancels your changes and places the EPV back in the current list.

Survivor Benefit Ending Payroll Verification

Survivor Benefit Ending Payroll Verification Form

Fill out the following information in order to complete the pending request and verify the pre-filled information. Fields marked with asterisk(*) are required.

- You have 30 minutes to fill this form out, please use the SAVE button to avoid losing work.

Member Information Information Button is available for each section

SSN	999-99-9999
Full Name	Jones, James
Date of Death	03/01/2012
Employee's Last Day Worked *	4/13/2012
Or	
Not Applicable *	<input type="checkbox"/>

Regular (Base) Compensation

List the member's regular wages for the last three (3) payrolls and include any balance of contract, if applicable.

***Do not include termination payments in this section**

Pay Period Ending Date (mm/dd/yyyy)	Gross	Retirement Contributions	
04/30/2012	\$10,000	\$1,000	Delete
Add Row			

Member Information and Date of Death auto populates.

Enter last day employee worked.

In the event that the request was sent in error and employee has not died, then check the "Not Applicable" box.

Click to add rows.

Enter the last three PPE, Gross wages on which ASRS contributions were withheld.

Do not include Employer contributions or LTD.

Regular base compensation does not include any amounts paid contingent upon termination of employment.

Other Compensation

List all lump sum and periodic payments paid in the last five(5) years that were not regular wages or pay for performance. Identify the payment type (annual, sick, early retirement incentive, termination pay). For detailed information on the payment types click on the following link [Payment Types Document](#)

***Do not include amounts withheld for Long Term Disability**

Pay Period Ending Date (mm/dd/yyyy)	Gross	Payment Type	Retirement Contributions	
		---SELECT ONE---		Delete
		---SELECT ONE---		Delete
		Claim Resolution		Delete
		Contract Termination		Delete
		Indirect Benefits		Delete
		Leave Balance Purchase		Delete
		Longevity		Delete
		Military Differential		
		Non-Accountable Reimbursements		
		Non-Monetary Benefits		
		On Call/Stand By		
		Pay Withheld by Employeed Election		
		Pay Withheld by Requirements of Law		
		Performance		
		Regular		
		Retroactive		
		Stability		
		Termination		
		Test payment type1		
		Unidentifiable		
		Voluntary Separation		

Click to view definitions of payment types.

List all lump sum and periodic payments made in the last five years that were in addition to regular or base compensation.

Select the appropriate payment type.

Go to payment types document above for definitions.

Notes and comments to ASRS ⓘ

(Please limit the comments to a maximum of 10,000 characters)

10000 characters left

Explanation required if "Not Applicable" is checked under Member Information.

Employer information and Certification of Authorized Employer Representative

Employer Name	University Of Arizona
ASRS Employer Number	104120
Asrs Phone Number	555-555-5555
Title	EPVM
Email Address	webadministrationtest@azasrs.gov
Employer User Name	Jones, Jennifer

Employer Certification

- I certify that I am the employer user named above and my title and contact information is current and correct.

Save Submit Cancel

Verify Auto Populated information is current and valid.

Click on Employer Certification, verifying you are the employer user

Button Definitions:

- Save**
- Submit**
- Cancel**

Saves changes and places the EPV back in the current list for additional entry.

Saves changes and submits to ASRS for processing. The EPV is moved into the Historical list for future revisions if necessary

Cancels your changes and places the EPV back in the current list.

Refund Ending Payroll Verification

Refund Ending Payroll Verification Form

Fill out the following information in order to complete the pending request and verify the pre-filled information. Fields marked with asterisk(*) are required

- You have 30 minutes to fill this form out, please use the save button to avoid losing work.

Member Information ⓘ Information Button is available for each section

SSN	123256789
Full Name	Paul Smith
Termination Date *	4/5/2013
Or	
Not Applicable *	<input type="checkbox"/>

If the employee did not terminate employment, then click the "Not Applicable" box.

Comments are required if this option is selected.

Member Information auto populates

Verify the termination date, typically the final day on which employee worked or was paid through.

Termination of employment is required to forfeit and refund contributions.

Final Contributions, Adjustments, or Corrections ⓘ

Amount of Final Contributions, Adjustments, or Corrections (not including LTD Contributions)

Final Pay Period Ending Date for Final Contributions, Adjustments, or Corrections	4/19/2013
Final Contributions, Adjustments, or Corrections	\$99,999

Notes and comments to ASRS ⓘ

(Please limit the comments to a maximum of 10,000 characters)

10000 characters left

This is in lieu of or in addition to the termination date.

Enter the terminated employee's final contribution.

Explanation required if "Not Applicable" is selected under member information.

Employer Information and Certification of Authorized Employer Representative

Employer Name	University Of Arizona
ASRS Employer Number	104120
Asrs Phone Number	555-555-5555
Title	EPVM
Email Address	webadministrationtest@azasrs.gov
Employer User Name	Jones, Jennifer

Employer Certification

- I certify that I am the employer user named above and my title and contact information is current and correct.

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