



San Bernardino County Employees' Retirement Association

EmployerDirect Security Access Request Form

P: 909.765.2883 | E: Employers@SBCERA.org | SBCERA.org

Submit this Form:

Email | Employers@SBCERA.org
Fax | 909.915.2025

This form is required to set-up authorized employer representatives to securely access the SBCERA EmployerDirect Reporting System (ERS). Access cannot be provided until this form is completed, submitted and approved by SBCERA. SBCERA will notify you by e-mail when your access has been finalized.

Please complete each section below.

Employer Information – provide the following information about the Employer

Employer's Name	
Address	
City, State, Zip	
Phone Number	

Requested User Information – provide the following information about the EmployerDirect User

Name	
Title	
Email Address	
Phone Number	

Signatures are required from the Employee and the Appointing Authority or Immediate Supervisor

SBCERA USE ONLY

User ID Assigned		Completed By		
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