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TERMINATION FROM PERS FORM

This form must be completed for each employee upon termination of employment or for any break in service.

Name _____ Social Security # _____

Street Address or P.O. Box _____

City _____ State _____ Zip _____

Position Title _____

Termination Effective Date: ____/____/____

The termination of employment is due to one of the following:

- Separation of Employment
- Retirement (Service or Disability)
- Death
- Ineligible for Membership
Reason _____

Leave Without Pay: From ____/____/____ To ____/____/____

Liaison Officer/Signature Authority

Date

Agency Name

Agency Number

PERS Use Only
Date received