



Public Employees' Retirement System of Nevada
693 W. Nye Lane, Carson City, NV 89703 (775) 687-4200 Fax (775) 687-5131
5740 S. Eastern Ave. Suite 120, Las Vegas, NV 89119 (702) 486-3900 Fax (702) 678-6934
Toll Free 1-866-473-7768 Website: www.nvpers.org Email: nvpers@nvpers.org

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