



# Termination of Employment

Please print. • See next page for instructions.

## SECTION A - EMPLOYEE AND PAYROLL INFORMATION

**Social Security Number or Member ID**

**Date of Birth**

**Name** (last/first/middle)

**Mailing Address** (PO or street/city/state/zip)

**Email Address** (enter only if valid after termination)

**Agency Information**

Department # \_\_\_\_\_ Agency/Division # \_\_\_\_\_ Org./Section # \_\_\_\_\_

**Employee Classification**

- General State Employee   
  Elected State Official   
  Judge   
  Legislator   
  Administrative Law Judge or Legal Advisor  
 Legislative Clerk   
  Public School Retirement

## SECTION B - TERMINATION INFORMATION

**Termination Date** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Is this termination due to a work-related felony?**     Yes     No

## SECTION C - REASON FOR TERMINATION

<input type="checkbox"/> <b>Termination of Employment</b>	• Employee is NOT vested and NOT eligible for a retirement benefit.
<input type="checkbox"/> <b>Transfer of Employment</b>	• Employee is transferring from a state agency under MOSERS to another state agency under MOSERS Employee is transferring to _____
<input type="checkbox"/> <b>Terminated-Vested</b>	• Employee has left state employment and is eligible for a future retirement benefit.
<input type="checkbox"/> <b>Retirement</b>	• Employee is eligible for immediate retirement.
<input type="checkbox"/> <b>Deceased</b>	Date of Death _____/_____/_____ Could death be job related? <input type="checkbox"/> Yes <input type="checkbox"/> No    Worker's Compensation has been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> <b>Disability</b>	• Employee is terminating because of a disability Last day worked _____/_____/_____

## SECTION D - UNUSED SICK LEAVE

**Total accrued unused sick leave at date of termination** (in hours, not days)

## SECTION E - PAYROLL INFORMATION

**Date of Last Payroll** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## SECTION F - EMPLOYER INFORMATION

I hereby certify the above information is true and correct in accordance with the records of this department.

**Signature**

**Date**

**Email Address**

**Phone Number**

## Instructions for Completing

# Termination of Employment

An employee's date of termination and payroll must agree. This *Termination of Employment* form verifies important information including the last day worked and the actual termination date. The form must be signed by the payroll/personnel representative, dated, and delivered to MOSERS. Steps for completing this form are outlined below.

1. Complete Section A.
  - If you are aware of a member's new address and email address, please put it on the termination form. This information is very important to MOSERS.
  - Do not use this form if the member only wants to terminate optional term life insurance coverage. Submit the *Enrollment/Change - Optional Life Insurance* form instead.
2. Provide termination date in Section B.
  - The termination date is the last day a person was considered an employee by the agency. This person should not appear on the payroll coded for retirement or insurance after the date of termination.
3. Provide reason for termination in Section C.
  - Please instruct the member to apply online if he or she is eligible for retirement.
4. Provide unused sick leave information in Section D.
  - For agencies that do not report sick leave in SAM II, unused sick leave should be reported in hours only (not days). If the employee has no sick leave, please enter "0." Do not leave blank.
5. Provide date of last payroll in Section E.
6. Provide requested employer information then sign and date Section F.
7. Return completed form to MOSERS.