



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"/> Termination of Employment | • Employee is NOT vested and NOT eligible for a retirement benefit. |
| <input type="checkbox"/> Transfer of Employment | • Employee is transferring from a state agency under MOSERS to another state agency under MOSERS
Employee is transferring to _____ |
| <input type="checkbox"/> Terminated-Vested | • Employee has left state employment and is eligible for a future retirement benefit. |
| <input type="checkbox"/> Retirement | • Employee is eligible for immediate retirement. |
| <input type="checkbox"/> Deceased | 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"/> Disability | • 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.