

**FRANKLIN REGIONAL RETIREMENT SYSTEM**  
278 MAIN STREET, SUITE 311 GREENFIELD, MASSACHUSETTS 01301-3230  
TELEPHONE: 413-774-4837 FAX: 413-774-5677

**NOTIFICATION OF SEPARATION FROM SERVICE**

To be completed by the Treasurer or other appropriate personnel in the governmental unit.

(Report PERMANENT (or layoff where return is uncertain) SEPARATION only)

TO THE RETIREMENT BOARD:

In accordance with the rules and regulations of the Franklin Regional Retirement Board, pursuant to General Laws, Chapter 32, Section 20(5)(b), as amended, I hereby notify your Board of the separation from service of the following person as an employee of the:

Governmental Unit: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Male  Female

Title of position: \_\_\_\_\_

Effective date of separation from service: \_\_\_\_\_

Final regular compensation paid \$ \_\_\_\_\_ Date paid \_\_\_\_\_

**Cause of separation from service: (Check one)**

Resigned	<input type="checkbox"/>	Involuntary layoff	<input type="checkbox"/>
Retirement	<input type="checkbox"/>	To enter military service	<input type="checkbox"/>
Failure of reappointment	<input type="checkbox"/>	Death	<input type="checkbox"/>
Failure to be re-elected	<input type="checkbox"/>	Transfer to Teachers Retirement	<input type="checkbox"/>
Chose not to run for re-election	<input type="checkbox"/>	Discharge – for cause (state reason below)	<input type="checkbox"/>
Position abolished	<input type="checkbox"/>	Other causes – state reason below	<input type="checkbox"/>

Remarks: \_\_\_\_\_

*I certify that the above employee is not subject to the provisions of G.L. ch. 32, § 15 pertaining to dereliction of duty by members.*

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_