

NOTIFICATION OF SEPARATION FROM SERVICE

To be completed by the Treasurer or other appropriate personnel in the Governmental Unit only

(REPORT PERMANENT SEPARATION ONLY)

TO THE RETIREMENT BOARD:

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

Governmental Unit: _____

Employee Name: _____

Last 4 of SSN: xxx-xx-_____

Title of position: _____

Effective date of separation from service: _____

Final regular compensation paid \$_____ Date paid _____

Remarks about compensation (hours, vacation payout, etc.: _____

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"/> |
| Position abolished | <input type="checkbox"/> | Other causes – state reason below | <input type="checkbox"/> |
| Discharge – for cause
(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: _____