

NOTICE OF SEPARATION FROM SERVICE

TO THE HAMPSHIRE COUNTY RETIREMENT BOARD:

DATE:

In accordance with the rules and regulations of the Hampshire County Retirement Board, pursuant to the 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 _____.

Name: _____ SSN: xxx-xx- _____ Date of birth: _____

Address: _____

Department & Position Title: _____

Dates of Service: From: _____ To: _____

Type of Service: (full-time, part-time, elected official) _____

Effective Date of Separation from service: _____ Last Date of Paid Employment: _____

Is separation permanent or temporary? _____

Is separation from service voluntary or involuntary? _____

Is employee receiving worker's compensation benefits or c. 41/111F benefits? _____

Is employee transferring or seeking employment in the service of any other political subdivision of the Commonwealth for which his membership may be eligible for transfer? _____

Is employee engaged in any appeal or litigation including hearing or arbitrations surrounding his/her termination? _____

Has this employee been officially investigated for or charged with misappropriation of funds or property or any crime related to his/her office or position? _____

REASON FOR SEPARATION: (please complete and attach documentation)

- _____ Leave of Absence (indicate duration & reason on reverse side)
- _____ Active Duty Military Service (indicate estimated duration on reverse side)
- _____ Voluntary Resignation (indicate reason on reverse side and attach letter of resignation)
- _____ Retirement (attach letter of resignation or intent to retire)
- _____ Abandoned position (i.e. Unauthorized leave of absence or did not return to work following authorized leave of absence; attach notice of termination)
- _____ Expiration of term of office, expiration of temporary employment, failure of reappointment/reelection to post
- _____ Discharged or Terminated for cause
- _____ Layoff (attach notice of layoff and provisions for recall)
- _____ Permanent Abolishment of Position (attach notice of layoff)
- _____ Unavailable or Unable to work (state reason such as illness, injury, disability or other on reverse side)
- _____ Death

****Additional Information and remarks regarding reason and details of separation should be included on reverse side.***

NOTICE OF SEPARATION FROM SERVICE

Additional information or details of separation.....

- ***Attach copies of all relevant documentation detailing all circumstances surrounding the employee's separation from service, including but not limited to Personnel Action Forms, Letters of Resignation or Termination, Requests or authorization of leave of absence, investigative findings, Employer's First Report of Injury for Worker's Compensation Claims, separation agreements and releases. In cases of layoffs or abolishment of position, attach additional documentation relative to notification to collective bargaining units and department heads.***

The Treasurer and Payroll Department has been notified of the above separation of service

Employer's Acknowledgement

The signer of this document hereby certifies that the statements and facts contained in this document are correct, complete and accurately presented and are made under the pains and penalties of perjury.

Name & Title of Appointing Authority or
Authorized Designee of Employer

Signature of Appointing Authority or
Authorized Designee of Employer

Date of Signature
