

Essex Regional Retirement System Separation From Service Form

For the Town/District of:

Date:

Why we need this information:

Please complete this form any time an employee separates from service with your town or district. This information is essential to helping us properly manage the employee's retirement account. Please submit this form via email info@essexrrs.org, or send this form via regular mail to the Essex Regional Retirement System, 491 Maple Street, Danvers, MA 01923.

Termination Reminders:

*Please remember that retirement deductions **should not** be taken from lump-sum payments of unused vacation or sick leave buybacks*

Employee Name	Position	SSN Last 4:	Termination Date:	Date of last payroll for this employee	Please indicate if the termination was a voluntary or involuntary termination	Department	Is this position covered under a collective bargaining agreement? (Yes/No)	Is a contract pending that will impact this employee? (Yes/No)

Submitted by (Please Sign)

Title