

MoDOT & Patrol Employees' Retirement System PO Box 1930 · Jefferson City, MO 65102-1930 Phone: (573) 298-6080 · (800) 270-1271 Fax: (573) 522-6111 · Email: mpers@mpers.org Website: www.mpers.org

## **Termination of Employment** This form is required when a member leaves state

employment.

Form <u>not</u> required if employee is retiring, going on disability, or deceased.

Member Information						
Name: (Last, First, MI)	Last 4 Digits of Social Security	Date of Birth:				
	Number:					
	xxx-xx-					
District/Division/Troop:	Employee's Last Day Paid:					

Check the ap	propriate box that indicates the reason for	for Termination r termination.	
	<ul><li>Termination of Employment</li><li>The employee is <u>not</u> vested and</li></ul>	nd not eligible for future retirement benefit.	
	<ul><li>Terminated and Transferring Se</li><li>The employee plans to transferring</li></ul>	rvice er his/her service to MOSERS.	
	<ul><li>Terminated-Vested</li><li>The employee has left state en</li></ul>	nployment and is eligible for future retirement benefits.	
	Employee Terminated - Potential Work-Related Felony (If <u>convicted</u> , the employee will <u>no longer</u> be eligible for service or salary credit earned after August 28, 20		
	Stealing (570.030) Forgery (570.090) Counterfeiting (570.103)	Bribery of Public Servant (576.010) Acceding to Corruption (576.020)	
Employee's	S Contact Information:		

Address:			
Phone Number:			

Signature				
Signature of Supervisor/Office Representative:	Date:			