



Public Employees' Retirement System of Nevada
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 Toll Free: 1-866-473-7768 Website: www.nvpers.org

TERMINATION FROM PERS FORM

This form must be completed for each employee upon termination of employment or for any break in service.

Name _____ Last Four Digits of SSN _____

Street Address or P.O. Box _____

City _____ State _____ Zip _____

Position Title _____

<p>Termination Effective Date: ____/____/____</p> <p>The termination of employment is due to one of the following:</p> <p><input type="checkbox"/> Separation of Employment</p> <p><input type="checkbox"/> Retirement (Service or Disability)</p> <p><input type="checkbox"/> Death</p> <p><input type="checkbox"/> Ineligible for Membership Reason _____</p>
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<p>Leave Without Pay: From ____/____/____ To ____/____/____</p>
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Liaison Officer/Signature Authority

Date

Agency Name

Agency Number

<p>PERS Use Only Date received</p>
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