



**EMPLOYER'S NOTICE OF TERMINATION FOR
 EMPLOYEES, POLICE OFFICERS, AND FIREFIGHTERS VESTED PRIOR TO 1/1/2012**

Termination forms should be completed for members who are retiring and collecting a pension. The New Hampshire Retirement System (NHRS, the retirement system) does not require termination forms for members who have terminated their employment, but are not retiring. (Please note that there are separate termination forms for deceased members).

Employers must provide information on the member's final four payroll periods as well as any payments for accrued time and/or other lump sum payments that meet the statutory definition of Earnable Compensation. NHRS cannot finalize the benefit payments for a member until this information is received. An extended delay in finalizing the retirement benefit may have an adverse impact on the member.

The employer information provided on this form should match the employer information contained in the monthly wage and contribution report submitted through the NHRS Data Reporting System (DRS). We recommend that the individual who submits reporting files to NHRS either completes this form or reviews it before it is sent to NHRS in order to avoid inconsistent reporting and delays.

Instructions for completing this form are available at: <https://www.nhrs.org/docs/default-source/employers-forms/how-to-read---emp-pol-fire-vested-prior-to-1-1-2012.pdf>

If you have additional questions, please contact NHRS at (603) 410-3500 or email termforms@nhrs.org.

1. Member Information (Please fill out all boxes in this section)

Employee Name:	Last 4 of SSN #:
Date of Termination from <u>Full-time</u> Employment:	Retirement Date: ____/____/____

2. Type of Credit **Dollar value of accrued time paid at termination of employment**

<i>*If time is accrued by hours, please convert to days.</i>					
Vacation	Days*:	Multiplied By	Daily Rate:	=	\$
Sick	Days*:	Multiplied By	Daily Rate:	=	\$
Holiday	Days*:	Multiplied By	Daily Rate:	=	\$
	Days*:	Multiplied By	Daily Rate:	=	\$
	Days*:	Multiplied By	Daily Rate:	=	\$
Total	Days:				\$

Other

Lump Sum	Description:	\$
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Total Termination Pay (including total amount stated above)		\$

3. Termination Pay not paid within 120 days of employment termination

If all compensation (Earnable Compensation and "Termination Pay") owed to this member was not paid within 120 days of termination of employment, please explain the payment delay and identify the amount(s) of that payment(s).	\$
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Reason for delay:

4. Beginning with the most recent payment, please provide the following information for the final four payroll periods for this member

Payroll Period	Date Paid	Number of Actual Days Compensated in this Pay Period	"Base Pay" in this Payroll Period	"Termination Pay" in this Payroll Period (if any)	Extra or Special Duty Pay (Group II Only)	Total
(1) _____ to _____			\$	\$	\$	\$
(2) _____ to _____			\$	\$	\$	\$
(3) _____ to _____			\$	\$	\$	\$
(4) _____ to _____			\$	\$	\$	\$

