

# OCERS Forms: Employee Termination Notice Employee Transfer Notice

In order to update a member's status or plan, it is important that these forms are submitted to OCERS when a member terminates employment or transfers to another employer / agency. Both forms are available in the Plan Sponsor section of the OCERS website, and may be submitted to OCERS by email, fax, mail, or pony. No spaces should be left blank and the information should be typed or neatly printed.

## Form 1: Employee Termination Notice

### EMPLOYEE TERMINATION NOTICE

**Please complete all sections on the form** for employees that terminate employment with your agency. Please send the completed form by mail, pony or fax to OCERS at the address/fax number listed above. Thank you for your assistance.

Today's date: **current date: do not backdate!**

To: Jonathea Tallase  
OCERS - Member Services Division

Agency Name: \_\_\_\_\_

Employee's Name: **first name, middle initial, last name**

Social Security #: XXX-XX- \_\_\_\_\_ **← last four digits only**

Status (check one): Full Time  Part Time  **do not include extra-help employees**

Last Day on Pay: **the last day worked by the employee**

Effective Date of Separation: **the day following the last day worked (usually)**

Member's forwarding address  
and phone no.: \_\_\_\_\_  
\_\_\_\_\_

**Necessary in the event we need to contact the member for additional information**

**AGENCY CERTIFICATION:** **→**

Certified by: **full name of person completing form**

Date: **date form completed**

Phone: **phone number of person completing**

Email: **email address of person completing**

**This section is VERY IMPORTANT, as OCERS may need to contact you for clarification and/or additional information!**

**EMPLOYEE TRANSFER NOTICE**

**Please complete all sections on the form** for employees that separate service with our agency and then **transfer** to another agency. Please send completed form by mail, pony or fax to OCERS at the address/fax number listed above. This form allows OCERS to keep an accurate record of employment history for the employee listed below. Thank you for your assistance.

Today's date: **current date: do not backdate!**

To: Jonathea Tallase  
OCERS - Member Services Division

Agency Name: **enter the name of your agency**

Employee's Name: **first name, middle initial, last name**

Social Security #: XXX-XX- **last four digits only**

Status (check one):  Full Time  Part Time  **do not include extra-help employees**

What agency did employee transfer to? **Enter employee's NEW employer/agency**

Last Day on Pay: **the last day worked by the employee at your agency**

Effective Date of Separation: **the day following the last day worked**

Member's forwarding address and phone no.:

**Necessary in the event we need to contact the member for additional information**

**AGENCY CERTIFICATION:**

Certified by: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**This section is VERY IMPORTANT, as OCERS may need to contact you for clarification and/or additional information!**