



Employee Termination / Transfer Notice

P.O. Box 1229, Santa Ana, CA 92702 | Office: 714.558.6200 | www.ocers.org

Please select one of the following options:

EMPLOYEE TERMINATION - Employee that **terminates** employment with your agency.

EMPLOYEE INFORMATION				
Name		SSN (last four) xxx-xx-		Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Forwarding Address	City	ST	Zip	Forwarding Number
AGENCY INFORMATION				
Agency Name		Date of Separation		Employees Last Day on Pay
_____		_____		_____
Certified By	Date	Phone	Email	

EMPLOYEE TRANSFER - Employee who separates service with your agency and **transfers** to another agency.

EMPLOYEE INFORMATION				
Name		SSN (last four) xxx-xx-		Status <input type="checkbox"/> Full Time <input checked="" type="checkbox"/> Part Time
Address	City	ST	Zip	Phone Number
AGENCY INFORMATION				
Agency Transferring From			Date of Separation	
Agency Transferring To			Employees Last Day on Pay	
_____			_____	
Certified By	Date	Phone	Email	

Please send the completed form by email to the OCERS Employee Account Adjustment team at aaa@ocers.org.

If you have any questions or need immediate assistance please call OCERS Member Services at (714) 558-6200.