

**EMPLOYEE INFORMATION** 

## **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.

Name				SSN (last four)		Status
			xx	(-XX-		☐ Full Time ☐ Part Time
Forwarding Address		City	S	Γ	Zip	Forwarding Number
AGENCY INFORMATION						
Agency Name				ate	of Separation	Employees Last Day on Pay
			I			1
Certified By		Date	Phone	9		Email
TEMPLOYEE TRANSFER Employee	who congrator c	orvico with your ag	oney and t		<b>efore</b> to anot	hor agoney
□ <b>EMPLOYEE TRANSFER</b> - Employee	who separates s	ervice with your ag	ency and <u>t</u>	ran	<b>sfers</b> to anot	her agency.
☐ EMPLOYEE TRANSFER - Employee  EMPLOYEE INFORMATION	who separates s	ervice with your ag	ency and <u>t</u>	ran	<b>sfers</b> to anot	her agency.
	who separates s	ervice with your ag	ency and <u>t</u>		sfers to anot	her agency.
EMPLOYEE INFORMATION	who separates s	ervice with your ag			N (last four)	
EMPLOYEE INFORMATION	who separates s	ervice with your ag		SSI x-xx-	N (last four)	Status
EMPLOYEE INFORMATION Name Address	who separates s		xx	SSI x-xx-	N (last four)	Status  ☐ Full Time ☑ Part Time
EMPLOYEE INFORMATION Name Address AGENCY INFORMATION	who separates s		xx	SSI x-xx-	N (last four)	Status ☐ Full Time ☑ Part Time Phone Number
EMPLOYEE INFORMATION Name Address	who separates s		xx	SSI x-xx-	N (last four)	Status  ☐ Full Time ☑ Part Time
EMPLOYEE INFORMATION Name Address AGENCY INFORMATION	who separates s		xx	SSI x-xx-	N (last four)	Status ☐ Full Time ☑ Part Time Phone Number
EMPLOYEE INFORMATION  Name  Address  AGENCY INFORMATION  Agency Transferring From	who separates s		xx	SSI x-xx-	N (last four)	Status  Full Time Part Time  Phone Number  Date of Separation
EMPLOYEE INFORMATION  Name  Address  AGENCY INFORMATION  Agency Transferring From	who separates s		xx	SSI x-xx-	N (last four)	Status  Full Time Part Time  Phone Number  Date of Separation
EMPLOYEE INFORMATION  Name  Address  AGENCY INFORMATION  Agency Transferring From	who separates s		xx	\$\$S	N (last four)	Status  Full Time Part Time  Phone Number  Date of Separation

Please send the completed form by email to the OCERS Employee Account Adjustment team at <a href="mailto:eaa@ocers.org">eaa@ocers.org</a>.

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