

EMPLOYEE TERMINATION/TRANSFER NOTICE

Please select one of the following options:

☐ **EMPLOYEE TERMINATION** – Employee that **terminates** employment with your agency.

EMPLOYEE INFORMATION

Name			SSN (Last Four)	Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Forwarding Address	City	State	Zip Code	Forwarding Number

AGENCY INFORMATION

Agency Name	Date of Separation	Employee's Last Day on Pay
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Certified By _____ Date _____ Phone _____ Email _____

Termination Notices: Please send all termination notices to aaa@ocers.org.

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

EMPLOYEE INFORMATION

Name			SSN (Last Four)	Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Address	City	State	Zip Code	Phone Number

AGENCY INFORMATION

Agency Transferring From	Date of Separation
Agency Transferring To	Employee's Last Day on Pay

Certified By _____ Date _____ Phone _____ Email _____

Transfer Notices: Please send all transfer notices to employerpayroll@ocers.org.

If you have any questions or need immediate assistance, please call OCERS Members Services at 714-558-6200.