



## EMPLOYER'S NOTICE OF TERMINATION FOR DECEASED TEACHERS AND POST-SECONDARY FACULTY

**Retirement Rule 305.02 states:**

“Within 30 days of a member’s termination from service, the member’s employer shall provide the New Hampshire Retirement System, on a form prescribed by the board of trustees, an ‘Employer’s Notice of Termination’.”

“If a member’s ‘Employer’s Notice of Termination’ form has not been received by the New Hampshire Retirement System within the above time period, retirement allowance payments shall cease until the New Hampshire Retirement System receives a completed ‘Employer’s Notice of Termination’ form.”

**Employee Name:** \_\_\_\_\_ **Last 4 of SSN #:** \_\_\_\_\_ **Date of Death:** \_\_\_\_\_  
**Termination From Service Date:** \_\_\_\_\_

1. Type of Credit	Dollar value of accrued credits paid at termination of employment
Vacation	_____ Days** x _____ Daily Rate = \$ _____
Sick	_____ Days** x _____ Daily Rate = \$ _____
Holiday	_____ Days** x _____ Daily Rate = \$ _____
Other* _____ _____ _____	_____ Days** x _____ Daily Rate = \$ _____ _____ Days** x _____ Daily Rate = \$ _____ _____ Flat Rate = \$ _____ <b>Total</b> _____ Days = \$ _____
2. <b>Total Termination Pay including total amount stated above</b>	“Termination Pay” - Includes any holiday, vacation, sick, longevity, or severance pay or other end- of -career compensation. <div style="text-align: right;">\$ _____</div>
3. <b>Termination Pay not paid within 120 days of employment termination</b>	If all compensation (salary 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). _____ <div style="text-align: right;">\$ _____</div>

\*Please identify each category specifically.

\*\*If time is accrued by hours, please convert to days.

## NOTICE OF TERMINATION CONTINUED

**4.**  
Please identify all compensation paid in each of the three contract periods. Be sure to include compensation paid for extra curricular activities, summer school, etc.

\_\_\_/\_\_\_ Contract Period \_\_\_/\_\_\_ to \_\_\_/\_\_\_ Elected Number of Pays \_\_\_ Contract Salary \$\_\_\_\_\_ Additional Salary \$\_\_\_\_\_

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\_\_\_/\_\_\_ Contract Period \_\_\_/\_\_\_ to \_\_\_/\_\_\_ Elected Number of Pays \_\_\_ Contract Salary \$\_\_\_\_\_ Additional Salary \$\_\_\_\_\_

**5.**  
**EMPLOYER CERTIFICATION:**

The \_\_\_\_\_, certifies that the information provided in this  
*(Name of Employer)*  
statement is true and complete to the best of our knowledge.

\_\_\_\_\_  
*(Name and Title)* *(Authorized Signature)* *(Date Signed)*

\_\_\_\_\_  
*(Street)* *(City)* *(State)* *(Zip Code)* *(Employer Telephone Number)*

**NHRS RET 301.02 states:**

“Termination from service” means a formal written termination from a position of employment for which the member was then eligible to participate in the retirement system and does not include any type of leave of absence, with or without pay, or other such temporary revocable separation from or cessation of service.”