

How to Fill out a Termination Form:

Employees, Police Officers, and Firefighters

For further information, please refer to the back of this page



New Hampshire Retirement System
80 Commercial Street, Concord, NH 03301
Phone: (603) 410-3500 - Fax: (603) 410-3501
Website: www.nhrs.org - Email: info@nhrs.org

EMPLOYER'S NOTICE OF TERMINATION FOR EMPLOYEES, POLICE OFFICERS, AND FIREFIGHTERS

Employers must provide information on the members' final six payroll periods as well as any payments for accrued time and/or other lump sum payments that meet the statutory definition of Earnable Compensation. **NHRS cannot finalize the benefit payments for a member until this information is received.**

Instructions for completing this form are available at: <https://www.nhrs.org/docs/default-source/employers-forms/htr-employee-police-and-fire-members---2026.pdf>

If you have additional questions or to submit completed termination forms, please contact NHRS by email at termforms@nhrs.org.

Please note that as of **May 2026**, NHRS is using an updated version of this form.

1. Member Information (Please fill out <u>all</u> boxes in this section)						
Employee Name:				Last 4 of SSN #:		
Date of Termination from <u>Full-time</u> Employment:				Retirement Date: / /		
2. Type of Credit		Dollar value of accrued time paid at termination of employment				
*If time is accrued by hours, please convert to days.						
Vacation	Days*:	Multiplied By	Daily Rate:	=	\$	
Sick	Days*:	Multiplied By	Daily Rate:	=	\$	
Holiday	Days*:	Multiplied By	Daily Rate:	=	\$	
	Days*:	Multiplied By	Daily Rate:	=	\$	
	Days*:	Multiplied By	Daily Rate:	=	\$	
Total	Days:				\$	
Other						
Lump Sum	Description:				\$	
Lump Sum	Description:				\$	
Total Termination Pay (including total amount stated above)					\$	
3. Termination Pay not paid within 120 days of employment termination						
If all compensation (Earnable Compensation 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).					\$	
Reason for delay:						

The last day the employee worked in his or her full-time position.

Please list all termination pay being paid out at retirement (i.e. any unused vacation, sick, holiday, comp time, longevity, bonus, retirement incentives, etc.)

The retirement date is the date of the employee's retirement, not the employee's last day of employment. Please note the "1" is pre-filled because members can only retire on the first of a month. This date will be provided by NHRS.

If employee time is accrued by hours, please convert it to days.

If the employee has not been fully compensated within 120 days of his or her termination date, please use this section to list the amount owed to the employee, and the reason for the delay.

"Compensation Over Base Pay" refers to wages paid above the Base Pay (i.e. Overtime, longevity, etc.)

"Extra or Special Duty Pay" refers to work performed outside of a Group II member's normal work shift (i.e. detail work, working on a sobriety checkpoint, etc.)

4. Beginning with the most recent payment, provide the following information for the final six payroll periods						
Payroll Period	Date Paid	Number of Actual Days Compensated in this Pay Period	"Base Pay" in this Payroll Period	"Compensation Over Base Pay" in this Payroll Period (if any)	Extra or Special Duty Pay (Group II Only)	Total
(1) ___ to ___			\$	\$	\$	\$
(2) ___ to ___			\$	\$	\$	\$
(3) ___ to ___			\$	\$	\$	\$
(4) ___ to ___			\$	\$	\$	\$
(5) ___ to ___			\$	\$	\$	\$
(6) ___ to ___			\$	\$	\$	\$
5. Employer Certification						
The _____, certifies that the information provided in this statement is true and complete to the best of our knowledge.						
(Name of Employer)		(Authorized Signature)		(Date Signed)		
(Name and Title)		(Authorized Signature)		(Date Signed)		
(Street)	(City)	(State)	(Zip Code)	(Employer Telephone Number)		

List all Earnable Compensation paid to the employee in the last six pay periods.

The days that the employee was paid for in a particular pay period. This includes used sick days, vacation days, comp time, etc. Please convert hours worked to days.

Sign this section of the form certifying that the information provided is true and accurate to the best of your knowledge.

"Base Pay" refers to the Earnable Compensation that is not compensation over base pay or ESDP.

Section 1: Member Information

Please fill out all boxes. This includes: Employee Name; Last Four Digits of Social Security Number; Date of Termination from Full-Time Employment; Retirement Date.

The "Date of Termination" is never the same as the "Retirement Date." The "Date of Termination" is the last date the employee worked in his or her full-time position. The "Retirement Date" is the date the employee has elected to be considered "retired" with NHRS and is always the first of a month (NHRS will provide the "Retirement Date" for employers). Since the employee cannot still be in service on the day his or her "Retirement Date" comes into effect, the "Date of Termination" must be prior to the "Retirement Date."

Please note: Termination forms are meant for employees who are retiring. If the employee is no longer employed, but not yet retiring, we do not require these forms to be completed. NHRS has separate termination forms for deceased employees.

Section 2: Type of Credit

Use this section to list all termination pay. For example, any unused vacation, sick, or holiday time, longevity, comp time, retirement incentives, etc. paid out at retirement. There are two blank lines below "Holiday" to fill in other types of payments that meet the statutory definition of Earnable Compensation.

If needed, use the "Other" section to list any lump sum payments being made to the employee, and include a description of what the payment is.

Only list termination pay that was paid out at the time of retirement.

If time is accrued by hours, convert them to days.

Section 3: Termination Pay not paid within 120 days

If compensation was not paid to the employee within 120 days of his or her Date of Termination, list the amount owed to the employee and the reason for the delay.

Section 4: Final Six Payroll Periods

Please list the final six payroll periods in which the member received pay. If for any reason the member did not receive pay for any of the last six pay periods, continue back until reaching another pay period for which the member received payment.

Under "Number of Actual Days Compensated in this Pay Period," please note that this includes used sick time, vacation time, etc., even if the member was not physically present in the office. Please convert hours to days.

In terms of "Base Pay:"

For Group I: Anything that is not compensation over base pay, but is Earnable Compensation, should be included under "Base Pay" using the gross wages. Please do not include anything that is not considered Earnable Compensation (i.e. health clubs, clothing allowances, etc.)

For Group II: Anything that is not compensation over base pay or Extra or Special Duty Pay (ESDP) but is Earnable Compensation.

Please list ESDP in the column titled "Extra or Special Duty Pay."

Under "Compensation Over Base Pay in this Payroll Period," please make sure any compensation over base pay the member may have received matches the amounts listed in section 2 and/or section 3.

Under "Extra or Special Duty Pay," please list any ESDP for Group II only. ESDP is considered as work performed outside of a Group II member's normal work shift (for example, detail work). Any services performed during a Group II member's normal work shift are not considered ESDP, even if the employer is compensated by a third party for such services. Many employers compensate Group II members for extra shifts using funds coming from federal or state grants (for example, working on sobriety checkpoints), which are often referred to as "grant wages." If the employer uses these state or federal grant funds to compensate the member, they should be reported as overtime, not ESDP.

Please do not include any part-time wages.

Section 5: Employer Certification

Please sign this section of the form certifying that the information provided is true and accurate to the best of your knowledge.

Please Note:

We recommend that the individual who submits reporting files to NHRS either fills out these forms or reviews them before they are sent to NHRS in order to avoid inconsistent reporting and resulting delays. If you have any questions while completing this form, please contact NHRS by email at termforms@nhrs.org.