

How to Fill out a Termination Form:

Teachers and Post-Secondary Faculty

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



New Hampshire Retirement System
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EMPLOYER'S NOTICE OF TERMINATION FOR TEACHERS AND POST-SECONDARY FACULTY

Employers must provide information on the members' final eight contract 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-teachers-and-post-sec-faculty-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.

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 prefilled because members can only retire on the first of a month. This date will be provided by NHRS.

| 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 | | |
| <i>*If time is accrued by hours, please convert to days.</i> | | | | |
| 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: | | | | |

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.

The amount the employee was contracted to be paid for the school year.

All Earnable Compensation paid to the employee that is above the contract salary (i.e. extracurricular, clubs, etc.)

List all Earnable Compensation paid to the employee in the last eight contract periods.

The number of payments the employee had elected to receive for their contract period.

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

| 4. Please identify all Earnable Compensation paid in each of the last eight contract periods | | | |
|---|-------------------------|------------------------|-------------------------|
| Contract Period ___/___ to ___/___ | Elected Number of Pays: | Contract Salary: \$ | **Additional Salary: \$ |
| Contract Period ___/___ to ___/___ | Elected Number of Pays: | Contract Salary: \$ | **Additional Salary: \$ |
| Contract Period ___/___ to ___/___ | Elected Number of Pays: | Contract Salary: \$ | **Additional Salary: \$ |
| 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: \$ |
| Contract Period ___/___ to ___/___ | Elected Number of Pays: | Contract Salary: \$ | **Additional Salary: \$ |
| **Any Earnable Compensation above and beyond the contract salary. | | | |
| 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) | | | |
| (Name and Title) | | (Authorized Signature) | (Date Signed) |
| (Street) | (City) | (State) | (Zip Code) |
| (Employer Telephone Number) | | | |

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 an employee was paid out termination pay over the course of several years, those wages would appear under “Additional Salary” for the corresponding year in section 4.

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 Eight Contract Periods

Please identify all Earnable Compensation paid to the employee in his or her final eight contract periods.

“Elected Number of Pays” refers to the number of payments the employee had elected to receive for the contract period.

“Contract Salary” is the amount that the employee was contracted to be paid for in the school year. If the employee worked a partial year, list only what was paid out to them -- not the contract salary that he or she would have received had they worked the full school year.

“Additional Salary” refers to all Earnable Compensation paid out to the employee that is above and beyond his or her contract salary (i.e. extracurricular, clubs, etc.) Do not include monies that are not considered Earnable Compensation (i.e. health clubs, excess life insurance, etc.) For reference, the NHRS Earnable Compensation chart is available on the retirement system website at: <https://www.nhrs.org/members/plan-details/earnable-compensation>

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.