



EMPLOYER'S NOTICE OF TERMINATION FOR TEACHERS AND POST-SECONDARY FACULTY VESTED PRIOR TO 1/1/2012

Termination forms should be completed for members who are retiring and collecting a pension. The New Hampshire Retirement System (NHRS, the retirement system) does not require termination forms for members who have terminated their employment, but are not retiring. (Please note that there are separate termination forms for deceased members).

Employers must provide information on the member's final six 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. An extended delay in finalizing the retirement benefit may have an adverse impact on the member.

The employer information provided on this form should match the employer information contained in the monthly wage and contribution report submitted through the NHRS Data Reporting System (DRS). We recommend that the individual who submits reporting files to NHRS either completes this form or reviews it before it is sent to NHRS in order to avoid inconsistent reporting and delays.

Instructions for completing this form are available at: <https://www.nhrs.org/docs/default-source/employers-forms/how-to-read---teachers-and-post-sec-faculty-vested-prior-to-1-1-2012.pdf>

If you have additional questions, please contact: Joy Tardif at (603) 410-3570 or Joy.Tardif@nhrs.org; or Laurie Huber at (603) 410-3544 or Laurie.Huber@nhrs.org.

1. Member Information (Please fill out all boxes in this section)

Employee Name:	Last 4 of SSN #:
Date of Termination from Full-time Employment:	Retirement Date: ____/____/____

2. Type of Credit

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:	\$
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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).	\$
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Reason for delay:

4. Please identify all Earnable Compensation paid in each of the last six contract periods

Contract Period ____/____ to ____/____	Elected Number of Pays:	Contract Salary: \$	**Additional Salary: \$
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**Any Earnable Compensation above and beyond the contract salary. See "Earnable Compensation" chart on back explaining what is considered Earnable Compensation for members vested prior to 1/1/2012 and all other members.

