

TERMINATION VERIFICATION

Retired Reemployed Member

It is the employee's responsibility to have their employer complete this form.

Member name: Member ID:		mber ID:
Member mailing address:		
City:	State:	Zip code:
Employer's Verification of Termir	nation	
Please note that if this employee worked should not complete this form. You should	-	1 1
I HEREBY CERTIFY that our records sho	ow the following:	
Employee's name:		
Date reemployment began with IPERS-co	overed employer:	
Date last considered an employee:		
Date of last paycheck from which IPERS	was or will be deducted	d:
Is this person going on official leave of al	bsence with you? Ye	s: No:
I certify that I have been authorized by this entire information provided on this form is true. The organization and me to fraud charges and a left this organization has not entered into any left for future employment, temporary employment retirement rules, IPERS rules, or the federal	ne failure to provide true in legal obligation to IPERS gal or written discussions, ent, or independent contra	nformation may subject my and the member. I further certify that , or promises with the IPERS member
Reporting official's signature:		
Reporting official's printed name:		
Title of reporting official:		
Date: Phone:	IPERS Emp	bloyer number:
Employer name:		