

Out-Processing or Change to Non-Benefits Eligible Status

Name: _____ Employee #: _____
 Position: _____ O/DD: _____
 Non-Exempt/Hourly: \$ _____ Exempt/Biweekly: \$ _____
 Shift: 1st 2nd 3rd | Part Time Biweekly Hours: _____ | Location #: _____
 Evaluation Date: _____ Date of Hire: _____

End of Employment:

- Voluntary Separation Involuntary Termination Retirement
 Lay Off Deceased End of Temporary Assignment

Verbal Notice Date: _____ Written Notice Date: _____

Separation Date: _____ Last Day Worked: _____

Change in Status:

Effective Date of Change: _____ New Evaluation Date: _____

Position: _____ Shift: 1st 2nd 3rd Pay Rate: \$ _____

Per Diem Part-Time/No Benefits (Less than 24 Hours a Week) Biweekly Hours: _____

Retiring Under NHRS and Changing to Part Time/Benefit Eligible (24-32 Hours a Week)

NHRS Annuitant: Group 1 Group 2 (Certified? Yes No)

Department of Human Resources Completes This Section:

Insurance Coverage End Dates:

Health or Buyout, Dental, Vision	Life, STD, LTD, Colonial

Eligible for Longevity Payment: Yes No
 Amount: 5 Years/\$150 10 Years/\$300 15 Years/\$450 20 Years/\$750 25 Years/\$1,000

Employee Signature: _____ Date: _____

LTC Department Head Initials: _____

O/DD: _____ Date: _____

Director of HR: _____ Date: _____

HR Use Only HR Initials: _____ Put on Q: Drive: _____
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If Applicable
 BOC Signature: _____