

## Out-Processing or Change to Non-Benefits Eligible Status

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_  
 Position: \_\_\_\_\_ O/DD: \_\_\_\_\_  
 Non-Exempt/Hourly: \$ \_\_\_\_\_ Exempt/Biweekly: \$ \_\_\_\_\_  
 Shift:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup> | 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 Location #: \_\_\_\_\_ New Evaluation Date: \_\_\_\_\_

Position: \_\_\_\_\_ Shift:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup> 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: \_\_\_\_\_  
 Copy to Payroll: \_\_\_\_\_

If Applicable  
 BOC Signature: \_\_\_\_\_