

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: _____

Change in Status:

Effective Date of Change: _____

Position: _____ Loc #: _____ Shift: 1st 2nd 3rd

Pay Rate: \$ _____ New Evaluation Date: _____

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)

Employee Signature: _____ Date: _____

End of Employment:

Separation Date: _____

Voluntary Separation

Involuntary Termination

Retirement

Lay Off

Deceased

End of Temporary Assignment

Eligible for rehire Not eligible for rehire
 Discharge/removal during initial evaluation period or for cause, such as theft or immoral conduct (no ET payout).
 Involuntary Termination, not for cause

LTC Department Head Initials: _____

O/DD: _____ Date: _____

Director of HR: _____ Date: _____

If Applicable
 BOC Signatures: _____

HR Use Only
 HR Initials: _____