Commonwealth of Massachusetts

MIDDLESEX COUNTY RETIREMENT SYSTEM

25 Linnell Circle
P.O. Box 160
Billerica, MA 01865

NOTIFICATION OF SEPARATION FROM SERVICE
(REPORT **PERMANENT** SEPARATION ONLY)

TO THE MIDDLESEX COUNTY RETIREMENT BOARD: DATE: _____

In accordance with the rules and regulations of the Middlesex Retirement Board, pursuant to the General Laws Chapter 32, Section 20(5)(b), as amended, I hereby notify your Board of the permanent separation from service of the following person as an employee of the _____ (Member Unit)

Name: _____ S.S.# _____ Sex _____

Present Address: _____

Effective Date of Separation from Service: _____ Title of Position: _____

Date Employment Commenced: _____

Amount of Salary or Wages $_____ *per hour* $_____ *per week* $_____ *per month*

CAUSE OF SEPARATION FROM SERVICE (check one)
(Should correspond with Civil Service "*Termination Notice*" where applicable)

- To Enter Military Service ☐
- Involuntary Layoff ☐
  (*Other than discharge for cause)*
- Discharge for Cause ☐
  (State reason below)
- Position Abolished ☐
  (Name department or governmental unit below)
- Failure of Reappointment ☐
- Resigned (*State reason below)* ☐
- Retirement-Contributory ☐
- Death ☐
- Transfer of Employment ☐
- Other Causes ☐
  (State reason below)

Remarks _____

Date last retirement deduction was withheld _____

This deduction will appear on the _____ monthly report.

Signature _____ Date _____

Title _____

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