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EMPLOYEE TERMINATION NOTICE

Please complete all sections on the form for employees that terminate employment with your agency. Please send the completed form by mail, pony or fax to OCERS at the address/fax number listed above. Thank you for your assistance.

Today's date:

To: OCERS Benefit Technician
OCERS - Member Services Division

Agency Name:

Employee's Name:

Social Security #: XXX-XX-

Status (check one): Full Time Part Time

Last Day on Pay:

Effective Date of Separation:

Member's forwarding address
and phone no.:

AGENCY CERTIFICATION:

Certified by:

Date:

Phone:

Email: