



The Civil Service Superannuation Board

Employee Information

Name
Home Address
Home Phone Number
Social Insurance Number
Employer
Employee Number
Department
Corrections Officer Yes No

Employment Information

All dates to be completed in yyyy-mm-dd format.

Termination Death Grievance
Employee transferred to

- 1. Is termination due to ill health? Yes No
If termination is due to ill health, please notify employee of Disability Insurance Waiver.
Employees should also be reminded of the possibility of converting insurance.
2. Date of Birth
3. Hourly Rate \$
4. Full Time Hours for the Position
5. Number of Pensionable Hours Worked
6. Pensionable Service (4 decimals)
a) Prior Year Not Reported
b) Current Calendar Year
7. Employment Start Date
8. Pension Entry Date
9. Last Day Physically Worked
10. Last Day Pension Deducted
11. Separation Date
12. Two Week Delay? Yes No

The above information is certified to be true and correct.

Authorized Signing Officer Name yyyy-mm-dd Telephone Number

Earnings and Contributions

Please keep a copy of this Termination Notice for your records.

Table with 4 columns: Description, Pensionable Earnings, Pensionable Contributions, Corr. Officers Contributions. Rows include 13. Prior Year Not Reported, 14. Current Calendar Year (a, b, c), and TOTAL.

Pay Period Ending

The above information is certified to be true and correct.

Authorized Signing Officer Name yyyy-mm-dd Telephone Number