

46 State House Station Augusta, ME 04333-0046 Telephone: (207) 512-3100 Toll-free: 1-800-451-9800 TTY: (207) 512-3102

## PERSONNEL STATUS CHANGE FORM

(For Teacher/PLD Employers)

**Instructions to Payroll Clerk:** Complete and return this form to the <u>Employer Services Unit</u> of MainePERS whenever a member's status changes. The timeliness of MainePERS receiving this form is important. The information provides the basis for granting creditable service or processing a retirement application. Check the box(es) next to the heading below that indicate(s) the reason for the personnel action being reported.

Member Name:												
ivailie.	(Pref	ix)	(First	)	(M	1)		(Last)			(Suffix)	
Social Security Number:							Date of	Birth:	(mm)	(dd)	(уууу)	
Mailing Address:			(Chroat)	20 Paul				0:4.)	. ,			
Employer Location	(Street/PO Box)  Employer  Location Code:  Location Code:										(State) (ZIP)	
Leave	of A	bsence E	Begin or I	Return								
LOA BEGIN:		(mm)	(dd)	(уууу)	]							
LOA END:		(mm)	(dd)	(уууу)								
REASON	l: 🗖	Seasona	al Layoff			Workers	s' Compensatio	n		FMLA		
	□ Sabbatical					Military Leave				☐ Suspension		
		Authoriz	ed Leave o	of Absence		Unautho	orized Leave of	Absend	е			
Termina	atio	n/Separa	tion									
Reason:		Terminat	ed Employ	ment 🗅	Sep	arated f	rom Membersh	ip 🕻	Dece	ased		
LAST DA	10 Y.	N PAYROI		nm) (d	dd)	(уу	ууу)					
Certifyi	ng S	Signatur	е									
The abov	e inf	ormation i	s true and	correct to the	e bes	t of my l	knowledge.					
Certifying Official Signature									_	Date		
	F	Print/Typed	Name			Phone			E	-mail		