

STATE OF CALIFORNIA  
 PUBLIC EMPLOYEES' RETIREMENT SYSTEM  
 1416 NINTH STREFT, P.O. BOX 1953  
 SACRAMENTO, CALIFORNIA 95809

REPORT OF STATUS CHANGE OR SEPARATION  
 PERS-ACC-167 (3-79)

RPT	FOR PERS USE ONLY
	MAY 11 1982 MAY 8 1982

PART I. EMPLOYER: EMPLOYMENT INFORMATION

SOCIAL SECURITY NUMBER [REDACTED]

MEMBER NAME (Last) (First) (Middle) BIRTHDATE MO DAY YEAR JOB OR POSITION TITLE  
 Guido Fred 08 14 48 Council Member

AGENCY NAME EMPLOYER CODE PAYROLL UNIT CODE COVERAGE GROUP  
 City of Cudahy 0620 70001

SEPARATION EFFECTIVE DATE MO DAY YEAR SEPARATION TYPES:  
 04 20 82 1  TERMINATION OF EMPLOYMENT (COMPLETE PARTS II AND III) 4  MILITARY LEAVE

LAST DAY CONTRIBUTIONS MO DAY YEAR 2  TRANSFER WITHIN SAME AGENCY (INCLUDE FORM MEM-1) 5  SABBATICAL LEAVE  
 WERE DEDUCTED 04 20 82 3  LEAVE OF ABSENCE 6  WORKERS' COMPENSATION

IF THE DATES SHOWN ABOVE DO NOT AGREE, PLEASE EXPLAIN IN "REMARKS".

REMARKS:

PART II. EMPLOYER: CONTRIBUTION INFORMATION

1	A		B			C		D	
	FROM	THRU	MONTH	YEAR	TYPE	CODE	AMOUNT	CODE	AMOUNT
2						1			
3						1			
4						1			
5	14	13	1	82	0	1	10.50		
6	14	13	2	82	0	1	10.50		
7	14	13	3	82	0	1	10.50		
8	14	20	4	82	0	1	2.42		

If an employee wishes a refund after electing to leave funds on deposit, DO NOT prepare another form. Advise the employee to request a refund by writing directly to PERS at the address shown above, including Social Security Number, all names used during employment, current address, and signature.

INSTRUCTIONS TO EMPLOYER:

- Columns A, B, C, and D must show data. Column B will be reported on PERS listing (P625). Begin with line B (the period in which separation occurred) and work upward through line 6 if you report monthly, or quadri-weekly, or upward from line 8 through line 1 if you report semi-monthly, or bi-weekly, so that the dates in columns A and B will then be in chronological order. In column C enter only code 1 normal contributions. In column D enter the contribution code (for adjustments, arrears, retroactive pay increases, etc.) as indicated on the PERS listing (P625).
- Instruct member to complete Part III including choice, signature, and address.
- Send ORIGINAL completed form promptly to the above address.

I certify that the named employee discontinued employment with this agency for reason indicated, and that contributions deducted are, or should be, as indicated above.

SIGNED Edith Newton TITLE (Accounting/Payroll Officer) DATE  
 Deputy City Clerk 4/21/82

PART III. MEMBER: DISPOSITION OF CONTRIBUTIONS

INFORMATION (See instructions on back of the member's copy, make election, sign below.)

1.  REFUND I have permanently separated from employment covered by PERS and I elect a refund of my total accumulated contributions (which includes interest credited through June 30th of the previous fiscal year).

I ELECT THAT MY TOTAL CONTRIBUTIONS REMAIN IN THE RETIREMENT FUND BECAUSE:

2.  My service equals or exceeds five (5) years; or  
 My separation from employment covered by PERS is temporary (less than one year); or  
 I wish to leave my retirement contributions on deposit until next July 1, at which time I may request a refund in writing directly from PERS (see above address).
3.  I am accepting employment with the following California public agency under the conditions of reciprocity as explained in Section C on the reverse side; or  
 I am accepting employment in which I will be a member of the following public retirement system as explained in Section D on the reverse side:  
 Please enter retirement system, city, county, University of California or other \_\_\_\_\_

MEMBER SIGNATURE [Signature] DATE 5/19/82 C/O \_\_\_\_\_

FOR PERS USE ONLY MEMBER NOTICE: Failure to include your election, signature, or address will cause a delay in processing your request.

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

ORIGINAL TO SYSTEM  
 DUPLICATE AND TRIPLICATE TO AGENCY  
 ORIGINAL TO MEMBER