



Report of Separation and Advance Payroll Information

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442

Employer: Please complete this form as soon as possible and return to CalPERS.

Section 1

Your cooperation in immediately providing an advance estimate of the requested information is critical for us to make accurate payment at the earliest possible date.

Employing Agency and Member Information

Name of Employing Agency

This member has applied for disability retirement.

Name of Member (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Requested Retirement Date (mm/dd/yyyy)

Section 2

Last day on pay status will be upon expiration of accrued sick leave or compensated time off.

A **termination date** is the date an employee is terminated from CalPERS-covered employment "for cause"; use only when applicable.

Effective Separation or Termination Dates

Last Day on Pay Status (mm/dd/yyyy)

Separation Date (mm/dd/yyyy)

Termination Date (mm/dd/yyyy)

Leave of Absence With Compensation

Beginning Date (mm/dd/yyyy)

Ending Date (mm/dd/yyyy)

Type of Compensation

Explain the difference between the date of separation and last day on pay status, if any.

Section 3

Certification of Employer

The above information is based on payroll information currently available.

Signature of Payroll Officer

Date (mm/dd/yyyy)

Print Payroll Officer Name

Phone Number

Title

Mail to:

CalPERS Retirement Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711