

Name <small>Last First Middle</small>		Date of Birth - -	Plan Type <small>(Check One)</small>
Social Security Number - -		Email Address <small>(Not Required)</small>	<input type="checkbox"/> State
Address		City	<input type="checkbox"/> County
State		Zip	<input type="checkbox"/> DCP
Personal Phone	Employer		

State/County/DCP Non-Contributing Member Form

Email this form to NPERS.NonCon@nebraska.gov any time a member ceases working on a **permanent** or **temporary** basis. This may include (but not limited to) resignations, dismissals, death, disability, transfers, retirements, seasonal employment, or leaves of absence.

Indicate if the employee is ceasing employment on a permanent or temporary basis, or if this is a "County to County" or "State Agency to State Agency" transfer. Submit forms (one form per email please) within 20 days following the last date of employment. Additional instructions for completing this form are available in your Reporting Agent manual at npers.ne.gov.

PERMANENT

Termination Date: _____

Date of Final Pay: _____

Gross Final Pay:\$ _____

Emergency Warrant Issued? Yes No

REASON FOR TERMINATION:

Resigned (2430) Disability (2435)

Deceased (2436) Retired (2430)

Dismissed: *If dismissed, is a grievance or appeal of the termination pending?* Yes No

Other (explain): _____

TEMPORARY

Last Pay Date: _____

REASON FOR LEAVE:

Military Leave

Temporary Disability

Family Medical

Seasonal/Intermittent

Suspension

Other (explain): _____

Anticipated Date of Return (if known): _____

If a temporary break turns into a permanent termination, send NPERS an updated form indicating the date they severed employment.

TRANSFER (this form is not required for State transfers with NO break in service)

Member is ceasing employment at our (State Agency/County) on: _____

Date of Final Pay: _____ Gross Final Pay:\$ _____

Typed or Printed Name of Agency Contact: _____ Title: _____

State Agency/County: _____ Telephone Number: _____