

Employee Termination Notice State Agency Transfer Only

Instructions: Please print or type in dark ink. This form must be completed in its entirety and submitted to PERA via regular mail, fax, or e-mail to noreply.records@state.nm.us for processing.

Section 1

Information About Member

Social Security Number or PERA ID	Name (First, Middle Initial, Last)

Section 2

Employer Certification of Termination

This is to certify that the above named member terminated employment on the _____ day of _____, _____; this is a bona fide termination and that there is no intention of re-employing the member at this time.

Name of Employer		PERA Employer Number	
Authorized Employer* Printed Name	Title	Email Address	Phone ()
Signature of Authorized Employer*			Date

*Human Resources Manager, Payroll Manager or Finance Manager

Section 3

Employer Certification of Transfer

This is to certify that the above named member began employment on the _____ day of _____, _____ with another PERA affiliated employer.

Name of Departing Employer		PERA Employer Number	
Name of Destination Employer		PERA Employer Number	
Authorized Employer* Printed Name	Title	Email Address	Phone ()
Signature of Authorized Employer*			Date

*Human Resources Manager, Payroll Manager or Finance Manager

By completing this form the Authorized Employer is certifying that the PERA member is no longer employed by the contributing entity. If the member is terminating employment and would like information on obtaining a refund of their member contributions, they may contact PERA directly. Refund and rollover information and forms are available at www.nmpera.org.