



Member #: _____

Denver Employees Retirement Plan
777 Pearl Street
Denver, Colorado 80203-3717
303/839-5419 FAX 303/839-9525
www.derp.org

Employee Separation Form

To be signed by the Hiring Authority or Payroll Clerk.

I hereby certify to the Retirement Board that the following person is no longer an employee of this agency and that the information below is true and correct:

Employee name _____ Social Security # _____

Mailing address _____
Street City State Zip

Department name _____ Department number _____

Effective date of separation _____ Date of final pay _____

Reason For Separation

- Resignation / separation**
- Deceased**
- Medical Reason*
- Retirement*
- Other* _____

This separation is in accordance with the current governing personnel rules.

Signature: _____ Date: _____

Position: _____ Agency: _____
Hiring Authority/Payroll Technician

To be signed by the Employee who is **not vested** (under age 65 or less than five years of employment with the City):

I authorize the Denver Employees Retirement Plan to do the following (checked below):

REFUND THE EMPLOYEE CONTRIBUTIONS: I hereby request the Plan to refund in full my accumulated employee contributions. I understand that by withdrawing my accumulated contributions, I forfeit all my accrued service credit and may reinstate these service credits if I am rehired and repay the refunded contributions plus 3% annual compounded interest on the contributions to the date of repayment. **If you would like to rollover your personal contributions to a qualified retirement account, please call the Plan for a form to be sent to you. It may take up to 90 days to process your refund request.**

HOLD THE EMPLOYEE CONTRIBUTIONS ON DEPOSIT: I request that my accumulated employee contributions be held on deposit in the Plan. I understand I may withdraw my accumulated employee contributions at any time after my separation with written notice to the Plan. If I return to employment with the City, my current service will be added to any additional service earned.

Employee Signature: _____ Date: _____