



District Attorneys' Retirement System

EMPLOYER TERMINATION CERTIFICATION - TO BE COMPLETED BY EMPLOYER

SECTION 1: MEMBER'S INFORMATION (Application Must Be Completed in Full)

Name	Date of Birth	Social Security Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Current Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Phone		
<input type="text"/>	<input type="text"/>		

SECTION 2: EMPLOYMENT TERMINATION CERTIFICATION – CERTIFIED TRUE AND CORRECT

DA Office:	Date of Last Paycheck	Child Support/IVD Employee?	
<input type="text"/>	<input type="text"/>	Yes	No
Last Date on Active Payroll	Number of Days Paid on Last Paycheck	Hourly Rate of Pay	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Last month for which Contributions will be Reported:

Any Known Dates of Leave Without Pay

Authorized Signature: (To be signed by Appointing Authority)	Title	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	Phone Number	
<input type="text"/>	<input type="text"/>	

Additional Comments:

****Please be advised that contributions should not be withheld for annual/sick leave payouts****