PERSONNEL TRANSACTION: SEPARATION / CHANGE

□ Separation □ Ch	nange	EFFECTIVE DATE:	PLEASE PRINT							
PARISH/ SCHOOL/ D	EPT		CITY:		BCC/FACILITY CODE:					
EMPLOYEE NAME		LAST: FIRST:		M. I.:						
EMPLOYEE ADDRE	SS		CITY:	STATE:	ZIP CODE:					
SOCIAL SECURITY	NO		BIRTH DATE:	POS	SITION:					
SEPARATIONS										
TYPE OF SEPARAT	ION	□ VOLUNTARY □ INVOLUNTARY □ LAYOFF □ RETIREMENT		IS EMPLOYEE REHIREABLE: YES NO						
PAID THROUGH DA	TE			LAST DAY WORK	KED:					
VACATION PAY OU	UT	Number of Unused Accrued Hours:								
SICK HOURS		Number of Unused Accrued Hours (no monetary value):								
ORIGINAL HIRE DATE				CURRENT HIRE DATE:						
ELIGIBLE FOR CONTINUATION OF COVERAGE Reminder: Enter into RETA Trust website)	 YES □ NO or □ TRANSFER All benefit administration is done on-line by the parish, school or agency at RETA Trust website. During the on-line process for a termination of employment, there will be an opportunity to instruct RETA to offer "Continuation of Coverage". At the termination date prompt, enter the employees last day of employment. For a change in an employee's employment status (from benefit eligible to ineligible), you will term the employees in RETA and reenter them as a benefit ineligible employee. If a benefit eligible employee will be working for another parish, school or agency, a transfer of benefit's request should be entered into RETA Trust website. 								

CHANGES										
NAME	PREVIOUS LAST:		FIRST:		M. I.:					
	NEW LAST:		FIRST:		M. I.:					
HOME ADDRESS	MAILING ADDRESS:									
	CITY:		STATE:	ZIP C	ZIP CODE:					
HOME TELEPHONE	()									
MARITAL STATUS			GLE							
POSITION Reminder: An updated job	NEW TITLE:		I		NON-EXEMPT					
description will need to be placed	RANGE/CLASS/GRAD	DE:	STEP:	JOB CATE	EGORY CODE:					
in the personnel file. Please initial that you have provided the updated job description.	IS THIS A SUPERVISO	ORY POSTION:	YES, EMAIL ADDRESS	S REQUIRED						
WORK SCHEDULE	□ F/T:	Paid at	/ hours per week		gible to Ineligible Status ation of coverage section					
Reminder: Changes in the schedule may alter benefits eligibility. Please		Paid at	/ hours per week	•	•					
initial that you have reviewed the applicable changes with the employee	OCCASIONAL P/T	Paid at	/ hours per week	% of F	/т					
	☐ TEMPORARY:	Paid at	/ hours per week	(Not to exceed to 6 mc	onths)					
RATE OF PAY	\$	per:	□ HOUR	MONTH						

Date