



**PERS**  
of MISSISSIPPI

# Employer Certification of Termination and Accumulated Unused Leave

Form 18 – Revised 04/06/2015

Please print or type in black ink. Submit this form for terminated employees only; for retiring employees, submit Form 9A - Pre-Application for Service Retirement Benefits. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

## 1 Member Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth mm/dd/ccyy: \_\_\_\_\_

## 2 Retirement Plan – Select applicable plan.

Public Employees' Retirement System of Mississippi (PERS)       Mississippi Highway Safety Patrol Retirement System (MHSPRS)

## 3 Employer Certification – This section must be completed by an authorized employer representative, not the member. Employer certification is required if date of termination of non-elected employee (member) is for purposes other than retirement and the leave cannot be transferred to another covered employer. **Do not include** compensated leave, leave for which there are no records maintained by the employer, leave transferred to another employer, leave other than personal or major medical leave, compensatory leave, leave donated to this employee from another employee, or leave which expired and was not actually available for use by the employee.

### Member information to be provided by employer:

Member's Position Held/Job Title:

\_\_\_\_\_

Member's Official Dates mm/dd/ccyy.

Hire: \_\_\_\_\_

Termination: \_\_\_\_\_

### Member's Leave Payment

*Not including compensatory leave payments*

If applicable, projected **Gross** Unreported Leave Payment (Do not report payment for more than 30 days/240 hours):

\$ \_\_\_\_\_

Lump sum leave payment rate of pay:

\$ \_\_\_\_\_ per  Hour **or**  Day

### Member's Lawfully Accumulated Unused, Uncompensated Personal and Major Medical Leave

Number of unused, uncompensated personal and major medical leave **days**:

\_\_\_\_\_

Leave accrual rate annually at termination (express in **hours**, rather than days):

\_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer No.: \_\_\_\_\_ - \_\_\_\_\_

Employer Representative's Name: \_\_\_\_\_ Employer Representative's Title: \_\_\_\_\_

Employer Representative's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

As employer representative, I understand that any person who makes a false statement or shall falsify or permit to be falsified any record of a retirement plan administered by PERS in attempt to defraud the plan may be subject to criminal prosecution. With that understanding, I certify that the above employer certification information is true and correct.

Employer Representative's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_