

WESTFIELD CONTRIBUTORY RETIREMENT SYSTEM

59 Court Street, PO Box 106, Westfield, MA 01086

Phone: (413) 572-6239 Fax: (413) 572-6290

NOTIFICATION OF SEPARATION FROM SERVICE

TO THE WESTFIELD RETIREMENT BOARD:

In accordance with the rules and regulations of the Westfield Retirement Board, pursuant to General Laws, Chapter 32, Section 31E, as amended, I hereby notify your Board of the permanent separation from service of the following person as an employee of the

(NAME OF DEPARTMENT)

NAME: _____ Sex: _____ SS# _____

PRESENT ADDRESS: _____
(Number & Street) (City or Town) (State) (Zip)

EFFECTIVE DATE OF SEPARATION: _____ **

CAUSE OF SEPARATION: Resignation _____ Discharge _____ Death _____ Retirement _____

Has this member been officially investigated for or charged with misappropriation of funds from his/her employer or convicted of any crime related to his/her office or position? Yes _____ No _____

Does member owe any money for health/life insurance or any other benefits? Yes _____ No _____

TRANSFER: Is member transferring to another Department within Westfield: Yes _____ No _____
Is member going to work for another City/State Agency in MA Yes _____ No _____

If either answer to above is yes, please indicate where member is going: _____

Job Title: _____

REMARKS: _____

**Date of Separation should be the last day member was paid by the Department. If effective date of separation is not the last paid day in the department please give date of separation in remarks and explain this date (This may be due to Workers Compensation payments or Leave of absence)

SIGNATURE OF DEPT. HEAD _____ DATE: _____