



Utah Retirement Systems  
 PO Box 1590  
 Salt Lake City, Utah 84110-1590  
 801-366-7318  
 800-753-7318  
 FAX 801-366-7759  
 www.urs.org

## EMPLOYEE SEPARATION NOTICE

- EMPLOYER INSTRUCTIONS:**
1. **Please type or print clearly using black ink.**
  2. Complete all sections of this form when an employee ends his/her work relationship with you and **only** if the online certification program will not accept your entry.
  3. Include your authorized signature.
  4. **Also complete an *Employee Benefits Notification* form when the separating employee is a defined benefit plan member or URS Savings Plans participant.**
  5. Make a photocopy of both the *Employee Separation Notice* (form ADNT-3) and *Employee Benefits Notification* form (ADNT-2) for your employee's personnel file. Forward only the ADNT-3 to our office for processing.

<b>SECTION A - EMPLOYEE INFORMATION</b>			
Employee Name (first, middle, last)	Position	Social Security Number	
Mailing Address	City	State	Zip
Employee defined benefit status: <input type="checkbox"/> Eligible <input type="checkbox"/> Exempt <input type="checkbox"/> Ineligible    or <input type="checkbox"/> Re-employed retiree			
Reason for leaving employment: <input type="checkbox"/> Separation only <input type="checkbox"/> Long-term disability leave			
<input type="checkbox"/> Separation and retirement with URS <input type="checkbox"/> Death			
Employee participated in URS Savings Plans with individual and/or employer contributions: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>SECTION B - SEPARATION INFORMATION</b>			
Complete the applicable information below based on the employee's status at separation. A leave of absence, except for long-term disability, is not a separation from employment. <b>Please call our Retirement Department at 801-366-7770 or 800-695-4877 if you have questions about an employee's retirement.</b>			
<b>Defined benefit eligible:</b>			
Last day paid and qualified for defined benefit coverage (mm/dd/yyyy) _____			
If approved for long-term disability leave, last day worked (mm/dd/yyyy) _____			
Final salary or base contract rate \$ _____ per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour			
<b>Exempt, ineligible or re-employed retiree:</b>			
Last day worked (mm/dd/yyyy) _____			
<b>SECTION C - EMPLOYER INFORMATION AND CERTIFICATION</b>			
<b>The employer certifies this employee separated from employment on the date stated in Section B.</b>			
Employer Name	Employer Number	Agency (if applicable)	
Authorized Signature (required)	Telephone Number	Date	
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