

**TO:** ALTERNATE BENEFIT PROGRAM  
DIVISION OF PENSIONS

**FROM:** \_\_\_\_\_  
*Educational Institution*

**SUBJECT: LEAVE OF ABSENCE OR TERMINATION OF EMPLOYMENT**

This is to advise you that:

**Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

\_\_\_\_\_

**ABP Membership No.** \_\_\_\_\_  
assigned by Division of Pensions

**Social Security No.** \_\_\_\_\_

**Annual Salary** \$ \_\_\_\_\_

has ceased contributing to the Alternate Benefit Program because of:

**1) LEAVE OF ABSENCE —**  
granted without pay effective \_\_\_\_\_ through \_\_\_\_\_  
for \_\_\_\_\_

**2) TERMINATION OF EMPLOYMENT —**  
effective \_\_\_\_\_  
Reason for termination: \_\_\_\_\_  
\_\_\_\_\_

**3) Return from Leave of Absence —**  
effective \_\_\_\_\_

\_\_\_\_\_  
Signature of Certifying Officer