



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — DEFINED BENEFIT & DEFINED CONTRIBUTION BUREAU

P.O. Box 295, Trenton, NJ 08625-0295

LEAVE OF ABSENCE OR TERMINATION OF EMPLOYMENT — ABP

EMPLOYEE SECTION

Name _____

Address _____

ABP Membership Number _____

Social Security Number *(last four digits only)* _____

Last 12 month salary \$ _____

EMPLOYER SECTION

The above-named employee has ceased contributing to the ABP because of:

Adjunct Employee from _____ to _____

Leave of Absence

Reason for Leave of Absence _____

granted **with** pay effective _____ through _____

granted **without** pay effective _____ through _____

Termination of Employment— effective _____

Reason for termination _____

Investment Carrier(s) _____

Suspension from _____ to _____

Location Name _____ Location Number _____

Location Phone Number _____

Employer Signature _____

Signature of Certifying Officer

Date

INTEROFFICE Use Only

ABP# _____