



Employer: \_\_\_\_\_ Employee Number: \_\_\_\_\_  
 Employee Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
 Home Address: \_\_\_\_\_

- Terminated / Resigned  Deceased  
 Transferred To: \_\_\_\_\_ (Indicate New CSSF Employer)  
 Retirement - Has the member provided a written notice of retirement?  Yes  No  
 Disability Pension with LTD  Disability Pension with No LTD

Did employee cease employment due to ill health?  Yes  No

Did employee have tax exempt employment while working on a Reserve?  Yes  No

(If Yes, attach a report of the % of time worked on the Reserve for ALL years while contributing in this position.)

(YYYY / MM / DD)

(YYYY / MM / DD)

1. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 6. Separation Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 2. Hourly Rate: \_\_\_\_\_ 7. Employment Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 3. Full-Time Hours for Position: \_\_\_\_\_ 8. Fund Entry Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 4. Pensionable Hours Worked: \_\_\_\_\_ 9. Last Day Worked: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 5. Two Week Delay:  Yes  No

	Service (4 decimals)	Pensionable Earnings	Contributions	Corrections Component 1%
<b>10. Prior Year</b> (if year-end data not submitted):	_____	_____	_____	_____
<b>Current Year:</b>				
11. Regular	_____	_____	_____	_____
12. Retro Pay (if paid in current year)				
Prior Year _____ (Year)	_____	_____	_____	_____
Prior Year _____ (Year)	_____	_____	_____	_____
13. Vacation Cash Out				
Paid on _____ (Hours / # of Days)	_____	_____	_____	_____
(YYYY / MM / DD)				
<b>TOTAL</b> (#11 + #12 + #13)	_____	_____	_____	_____

Payroll Contact Name \_\_\_\_\_ Phone # / Email Address \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT USE - For CSSB Use Only**

Annual Salary \_\_\_\_\_ Proof of Age on File \_\_\_\_\_  
 Contribution Check \_\_\_\_\_ Reviewed By \_\_\_\_\_  
 Annualized Earnings \_\_\_\_\_ Service Check \_\_\_\_\_ Date \_\_\_\_\_

**To Add Additional Information – See Reverse**



**THIS PAGE OF THE END OF SERVICE REPORT IS ONLY REQUIRED IF EMPLOYER HAS ADDITIONAL INFORMATION TO PROVIDE REGARDING ON THE EMPLOYEE**

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Additional Information from Employer:

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