|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **53611-****{stdMbrPERSLinkID}**     |  |  | | --- | --- | | {SFNLogo} | **NOTICE OF STATUS OR EMPLOYMENT CHANGE**  NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  SFN 53611 (Rev. 01-2014)  {SFNAddress} |      |  |  |  |  |  | | --- | --- | --- | --- | --- | | **PART A MEMBER INFORMATION** | | | | | | Name (Last, First, Middle) **{stdMbrFullNameLFM}** | | | | NDPERS ID **{stdMbrPERSLinkID}** | | Last Four Digits of Social Security Number **{stdMbrLastFourDigitsOfSSN}** | | | | Date of Birth **{stdMbrDateOfBirth}** | | Organization Name **{stdCurrentEmployerOrgName}** | | | | NDPERS Organization ID **{stdCurrentEmployerOrgCodeID}** | | **PART B CHANGE OF STATUS NOTICE** | | | | | | **Leave of Absence/Leave without Pay**  Leave of Absence Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reason for Leave:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Recertification Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Return: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Hourly: No Yes  Does member work less then 12 months per year? No Yes, \_\_\_\_\_\_\_\_\_\_(Number of Months) | | | **Member’s Job Classification Change Effective Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**  Classified State  Non-Classified State Teacher’s Fund for Retirement  University System TIAA-CREF  Elected Official: Term Begin Date (date required):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Appointed Official:  Official appointed under section of the N.D.C.C. Chapter\_\_\_\_\_\_\_\_\_\_\_\_\_  Official appointed by governing Board authority on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Non-State  Peace Officer  Correctional Officer  NG Security and Firefighter  Highway Patrol Person  Judge  Legislator  Career and Technical Education  Department of Public Instruction | | | | | | **Employment Classification Change Effective Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**  Permanent to Temporary/Part-time (Ensure employee completes SFN 17627)  Temporary/Part-time to Permanent | | | | | | **PART C SEPARATION OF EMPLOYMENT** | | | | | | Last Date of Service with Agency: | Date of Last Regular Paycheck: | | | | | Last Month Insurance Premium(s) will be paid by your agency/or this employee. (last month on employer billing) (Month & Year) : | | | | | | Last retirement transmittal of deduction (Month & Year): | | Last retirement transmittal due: (Month, 8th, & Year): | | | | **PART D AUTHORIZATION OF AUTHORIZED AGENT** | | | | | | I certify that the above information is true and correct.  Authorized Agent Signature Date of Signature | | | | | |

|  |
| --- |
| STATUS OR EMPLOYMENT CHANGE  SFN 53611 (Rev. 01-2014)  INSTRUCTIONS  **THIS FORM MUST BE COMPLETED IN ITS ENTIRETY BY THE AUTHORIZED AGENT**  **Part A Member Information**  Enter member’s name and NDPERS ID, last four digits of social security number, and date of birth.  Enter the employer’s name and NDPERS Organization ID  **Part B Change of Status Notice**  Complete this section if an employee is on a leave of absence, returns from leave of absence, works hourly, works less than 12 months a year, has a job classification change, or employment classification change. If there is an employment classification change, the employee will need to make new benefit plan elections.  **Part C Separation of Employment**  Due to varying payroll cycles employers use, NDPERS needs to confirm the last Transmittal of Deduction for Retirement Contributions for retiring members. This is to ensure benefits are paid to a member for the correct time period and not overpaid or underpaid.  Eligible “Wages” and “salaries” means the member’s earnings in eligible employment under this chapter reported as salary on the member’s federal income tax withholding statements plus any salary reduction or salary deferral amounts under 26 U.S.C. 125, 401(k), 403(b), 414(h), or 457. “Salary” does not include fringe benefits such as payments for unused sick leave, personal leave, vacation leave paid in a lump sum, overtime, housing allowances, transportation expenses, early retirement incentive pay, severance pay, medical insurance, workforce safety and insurance benefits, disability insurance premiums or benefits, or salary received by a member in lieu of previously employer-provided fringe benefits under an agreement between the member and participating employer. Bonuses may be considered as salary under this section if reported and annualized pursuant to rules adopted by the board.  If an employee is leaving your service because of a transfer to another participating NDPERS employer, you must complete a Notice of Transfer. Please always refer to NDPERS listing of participating employers to determine if an employee is transferring employment.  Group Insurance: Indicate the month and year the employee’s group insurance will end with employer.  **Part D Authorization of Authorized Agent**  Your agency’s designated NDPERS authorized agent must sign and date this form. |