



46 State House Station  
 Augusta, ME 04333-0046  
 Telephone: (207) 512-3100  
 Toll-free: 1-800-451-9800  
 TTY: (207) 512-3102

**PERSONNEL STATUS  
 CHANGE FORM  
 (For Teacher/PLD Employers)**

**Instructions to Payroll Clerk:** Complete and return this form to the Employer Services Unit of MainePERS whenever a member's status changes. The timeliness of MainePERS receiving this form is important. The information provides the basis for granting creditable service or processing a retirement application. Check the box(es) next to the heading below that indicate(s) the reason for the personnel action being reported.

Member Name:       
 (Prefix) (First) (MI) (Last) (Suffix)

Social Security Number:  Date of Birth:     
 (mm) (dd) (yyyy)

Mailing Address:      
 (Street/PO Box) (City) (State) (ZIP)

Employer Location Code:  Employer Location Code:

**Leave of Absence Begin or Return**

LOA BEGIN:     
 (mm) (dd) (yyyy)

LOA END:     
 (mm) (dd) (yyyy)

- REASON:  Seasonal Layoff  Workers' Compensation  FMLA  
 Sabbatical  Military Leave  Suspension  
 Authorized Leave of Absence  Unauthorized Leave of Absence

**Termination/Separation**

- Reason:  Terminated Employment  Separated from Membership  Deceased

LAST DAY ON PAYROLL:     
 (mm) (dd) (yyyy)

**Certifying Signature**

The above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
 Certifying Official Signature Date

\_\_\_\_\_  
 Print/Typed Name Phone E-mail