ATRS TERMINATION AND MEMBERSHIP STATUS SHEET

State Agencies

Please fax to: 501-682-5308

Agency Name:_____ **Requested By:**_____**Fax Number:**_____

ATRS Use Only						ATRS Use Only	
Retired Eligible for Rehire	**Retired Not Eligible for Rehire at this Time - Contact ATRS 501-683-7999**	**Name**	**SSN**	**Primary Position**	**Full-time or Part-time**	C	NC***

Verified by: Date:

**Arkansas Teacher Retirement System, Arkansas Public Employees Retirement System, Arkansas State Highway Retirement System, Arkansas State Police Retirement System, Arkansas Local Police and Fire Retirement System, Arkansas Judicial Retirement System, and the Alternate Retirement Plan for a college, university or the Arkansas Department of Higher Education or for a vocational-technical school or the Arkansas Department of Workforce Education.*

***ATRS employers include but are not limited to school districts, educationally related state agencies, colleges, technical colleges, educational service cooperatives, the Department of Education and the Department of Higher Education.*

****NC unless member elects contributory status by signing an Irrevocable Contributory Election Form prior to first pay period and has not received wages under ATRS covered employment for the current fiscal year.*

XXX- DO NOT HIRE, REHIRE, OR COMPENSATE IN ANY MANNER