



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**

PART ONE - MEMBER INFORMATION (To be completed by the member)

Name _____
First Middle Last

Address _____
Street City State Zip Code

ABP Membership Number _____

Social Security Number (last four digits) _____ Last 12 month salary \$ _____

Location Name _____ Location Number _____

Location Phone Number _____

Investment Carrier(s) _____

PART TWO - EMPLOYER CERTIFICATION (To be completed by the employer)

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 _____

Suspension from ____/____/____ to ____/____/____

_____/_____/_____
Print Certifying Officer Name Signature Date

INTEROFFICE USE ONLY ABP# _____