

Confirming an Employee's  
Resignation for Disability



*Please print or type in black ink.*

**Section A. Employer, please tell us about the employee.**

FIRST NAME	MI	LAST NAME	MEMBER ID
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**Section B. Please update the Retirement Systems Division about the employee's statue.**

1. Has the employee submitted a signed resignation letter?      Yes      No

2. If **YES**, please provide the date the member last contributed to the retirement system, either by working, exhausting leave, or receiving any type of payout.

If **NO**, the employee must resign before he/she begins to receive long-term benefits.

**Section C. Employer, please certify your answers with your signature.**

I hereby certify that the information in Section B for the employee named in Section A is true and correct to the best of my knowledge. I will notify the Retirement Systems Division of changes with a revised Form 706.

**Employer Contact Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

EMPLOYER CONTACT FIRST NAME	LAST NAME	EMPLOYER CONTACT JOB TITLE
EMPLOYER	TELEPHONE NO.	
MAILING ADDRESS	FAX NO.	
CITY	STATE	ZIP CODE
E-MAIL ADDRESS		

**Please submit this by mail to the address below or fax to (919) 855-5800. Thank you.**