

The Commonwealth of Massachusetts
Berkshire County Retirement System
29 Dunham Mall
Pittsfield, MA 01201
Tel. (413) 499-1981 Fax (413) 445-7990

Employment Status Change Form

Notice is hereby given that _____
(Employee Name) (Unit)

Has on the Effective Date: _____

Resigned _____

Retired _____

Placed on Unpaid Leave _____

Was Discharged _____

Transferred to another Massachusetts Retirement System _____

Died _____

Date of Final Deductions _____

Moved to OBRA _____

Part Time to Full Time _____

Promotion (Attach Supporting Docs) _____

Signed _____
(Treasurer Signature) (Date)