



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# \_\_\_\_\_