

IBU Separation Packet

Termination Packet for: _____

Date Picked up/mailed: _____

Employee Name: _____

Address Mailed: _____

Please fill out the attached forms and return completed packet to:

SOA DOA Personnel
Trans. & PF Technical Svcs.
P.O. Box 110201
Juneau, AK 99811-0201
MS 02P25

If you have any questions please call the Personnel Section at (907) 465-4051.

Letter of Resignation (if applicable)

Employment Clearance Form

Exit Interview Form

PERS Notification of Termination/Refund Application

SBS Annuity Benefit Election Form

Health Conversion Plan Application, Cobra Health Continuation
Enrollment form (send this directly to Retirement & Benefits).

Leaving State Employment information Booklet

I have received all of the forms and information listed above.

Employees signature

Date