

## MM&P Separation Packet

Employee Name: \_\_\_\_\_

Address Mailed: \_\_\_\_\_

\_\_\_\_\_

Date Picked up/mailed: \_\_\_\_\_

Please fill out the attached forms and return them to:

Department of Transportation & Public Facilities  
ATTN: Vessel Payroll  
3132 Channel Drive  
Juneau, AK 99801

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  
Leaving State Employment information booklet

For MM&P Health Trust continuation, contact the trust office at 1-877-667-5522.

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

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Social Security Number