

Separation Form

HR-HRIS-073



Section 1 - Information and Instructions

The purpose of this form is to inform your agency of your resignation or retirement from the MTA. Please complete, sign, and request your supervisor's signature. This form will not be processed unless it is signed by a supervisor.

REMINDER: If you move prior to receiving your W-2, please inform the BSC.

Please give this form to your Department Supervisor. Your Department Supervisor must also complete the attached Department of Labor Record of Employment form. Please do not forward the forms to the BSC.

If you have any questions, please contact the BSC at 646-376-0123 or bscservice@mtabsc.org.

Section 2 - Employee Information

Print Name	Last First M.I. Suffix				BSC ID	Agency Employee #
<input type="checkbox"/> Resignation <input type="checkbox"/> Early Retirement <input type="checkbox"/> Normal Retirement <input type="checkbox"/> Disability Retirement <input type="checkbox"/> Other:						
Agency/Dept. (check one)	<input type="checkbox"/> HQ	<input type="checkbox"/> B&T	<input type="checkbox"/> C&D	<input type="checkbox"/> LIRR	<input type="checkbox"/> MTA Police	Department
	<input type="checkbox"/> SIR	<input type="checkbox"/> MNR	<input type="checkbox"/> MTA Bus	<input type="checkbox"/> NYCT	<input type="checkbox"/> NYCT	
					<input type="checkbox"/> MaBSTOA	
Residential (Required) (No P.O. Box)	Street Address					
	City			State	Zip Code	
Mailing (If different from Residential)	Street Address					
	City			State	Zip Code	
Phone (M)		Phone (H)		Email		

**THIS IS NOT A PENSION APPLICATION
CONTACT THE PENSION PLAN(S) IN WHICH YOU ARE ENROLLED FOR RETIREMENT FORMS.**

Please check the pension plan in which you are currently enrolled (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> NYSLRS – www.osc.state.ny.us/retire – 1-866-805-0990 | <input type="checkbox"/> MABSTOA – 646-376-0123 |
| <input type="checkbox"/> MTA Bus Pension – 646-376-0123 | <input type="checkbox"/> SIRTOA – 646-376-0123 |
| <input type="checkbox"/> LIRR Closed Pension Plan (LIRRCL) – 646-376-0123 | <input type="checkbox"/> NYCERS – www.nycers.org – 1 877-699-2377 |
| <input type="checkbox"/> MTA Defined Benefit Plan (MTADBP) – 646-376-0123 | <input type="checkbox"/> NYS Voluntary Defined Contribution (VDC) Plan – www.vdc.ny.gov 1-866-271-0960 |
| <input type="checkbox"/> MNR Employee Deferred Contribution Plan (Opt out) – www.prudential.com/MTA - 1-877-756-4682 | |

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Section 3 – Separation Information

I, _____ declare my Retirement/Resignation from my position as a(n) _____
(Employee's full name) (Job Title)

at _____ effective at the **close of business** on _____.
(Agency) (mm/dd/yyyy).

If you are resigning to accept another position, please provide the name and address of your new employer:

Name	Street Address		
	City	State	Zip Code

If you are resigning to accept another appointment in a State or City agency, please provide:

Agency:

Salary:

List from which you have been appointed:

Forward address for mail:

Section 4 - Authorization

I do hereby certify that to the best of my knowledge the above information is true and correct.

Employee Signature:	Date:	SSN Last 4 Digits:
Supervisor Signature:	Date:	

Section 6 – BSC USE ONLY

Processed By:	Date:	CC: HRIS
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Record of Employment

(For Unemployment Insurance purposes only.)

Employer: Complete and give this form to each worker who is permanently, indefinitely, or temporarily laid off; discharged; quits; or has their hours reduced to 30 or less each week.

Date given to employee:

□□/□□/□□□□

NYS Employer Registration No.:

□□-□□□□□□

Federal Employer Identification No.:

□□-□□□□□□□□

Employer Name: _____

Payroll Records are kept at: MTA Business Service Center

Street: _____

Street: _____

City: _____ State: _____ Zip: _____

Optional if needed by employer to locate employee record:

Payroll or Clock No.: _____ Location of employment or code: _____

Employee: Keep this certificate. Have it with you if you apply for Unemployment Insurance (UI) benefits. This certificate shows that your job was insured. It does not necessarily mean you qualify for benefits. The UI Claims Center will make that determination if you apply. Please complete the following:

Your Name: _____ Social Security No.: □□□-□□-□□□□

This may not be used as an identification card.

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How to Apply For New York State Unemployment Insurance

Unemployment Insurance is temporary income for eligible workers who are out of work through no fault of their own. It provides them a weekly benefit while they look for work. If you become unemployed and want to apply for Unemployment Insurance benefits, apply online at www.labor.ny.gov for a quick and convenient way to file your claim or call the Telephone Claim Center toll free at (888) 209-8124.

Have the following information available when you apply:

1. Your Social Security Number.
2. A form of your Identification (example: Driver License or Motor Vehicle ID card).
3. Your complete mailing address and zip code.
4. A phone number, including area code, where we can reach you from 8:00 am – 5:00 pm, Monday – Friday.
5. Your alien registration card (if you are not a US citizen and have a card).
6. Employer information (even employers in other states) for the last 18 months which includes:
 - Employer names, addresses, and phone numbers.
 - NYS Employer Registration Number or Federal Employer Identification Number (FEIN). The FEIN is on your W-2 form(s).
 - Your total gross earnings (before any deductions) for each employer. You may be asked for pay stubs, W-2 forms, or other payment records.
7. Your copies of "Notice to Federal Employee about Unemployment Insurance" (Form SF8) and "Notification of Personnel Action" (Form SF50) if you were a federal employee.
8. Your most recent separation form (DD214) and any DD215 forms you have received from military service. You can request a DD 214 through the U.S. National Archives and Records Administration website at: <http://www.archives.gov/st-louis/military-personnel/standard-form-180.html>.
9. A check from your personal checking account so you can provide your bank's routing number and your checking account number if you choose Direct Deposit of your weekly benefits.

You can file a claim without all of these documents. However, missing information could delay your first payment.

**Please enter the Federal EIN for the employee's agency on the
Department of Labor Record of Employment form.**

Agency	Federal EIN
BTA	136002961
LIR	116002502
MAB	131961750
MNR	133138079
MTB	342024274
MTA	132552035
NYT	116002815
SIR	132682825