

TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM

FORM 504: TERMINATION RECORD

MAIL THE ORIGINAL OF THIS FORM TO THE ADDRESS AT THE BOTTOM OF THE PAGE OR FAX TO 512-936-3480.
FORM TO BE COMPLETED BY THE PARTICIPATING DEPARTMENT.

DEPARTMENT NAME:	
1. MEMBER INFORMATION	
NAME (LAST, FIRST, MI)	
ADDRESS	
CITY STATE ZIP CODE	
PHONE NUMBER	
EMAIL ADDRESS	
2. DATE OF MEMBER'S TERMINATION FROM DEPARTMENT	
ENTER TERMINATION DATE FROM DEPARTMENT:	
3. QUALIFIED SERVICE FOR CALENDAR YEAR OF TERMINATION	
	Enter Yes or No
EMERGENCIES: Did the member attend 25% of the emergencies that the member was expected to attend during the period from January 1 (or the member's entry date if later than January 1) and the member's termination date?	
TRAINING HOURS: During the period from January 1 (or the member's entry date if later than January 1) and the member's termination date, did the member attend at least the appropriate percentage of training hours relative to 20 hours per year? (Example: 6 Months = Attended 10 hours)	
4. CERTIFICATION BY PARTICIPATING DEPARTMENT HEAD	
I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE. X	DATE OF SIGNATURE