

# EMPLOYER CERTIFICATION OF INVOLUNTARY SEPARATION UNDER THE WORKFORCE TRANSITION ACT

VIRGINIA RETIREMENT SYSTEM  
P.O. Box 2500  
Richmond, Virginia 23218-2500  
Toll Free 1-888-VARETIR (827-3847)  
[www.varetire.org](http://www.varetire.org)

1. Social Security Number
2. Employer Code
3. Employer Name

The Code of Virginia establishes eligibility for severance benefits under the Workforce Transition Act (WTA) for certain state employees who are involuntarily separated. To be eligible, the member must be vested, age 50 or older, and a full-time employee who was involuntarily separated.

The following employees are *not* eligible: employees terminated for job performance or cause, members of JRS, officers elected by popular vote, and employees whose positions are grant funded unless the funding source agrees to assume all financial responsibility.

This form is completed by the employer at the time of the involuntary separation if the employee elects enhanced VRS retirement rather than severance payments. **Submit this form to VRS along with the Application for Service Retirement (VRS-5).** The agency head or Human Resources officer must complete the Employer's Certification. This form will be retained with the member's VRS records and processed with the retirement application for an immediate retirement. Any future employment in a covered position with a VRS-participating employer will nullify the benefits provided by the WTA.

*Please print or type*

## PART A. EMPLOYEE INFORMATION

4. Name	(First)	(MI)	(Last)	(Jr./Sr.)
5. Position Terminated		6. Date of Involuntary Separation		

## PART B. EMPLOYER CERTIFICATION

I hereby certify the following: <ul style="list-style-type: none"> <li>This employee has been involuntarily separated and is eligible in accordance with the <u>Code of Virginia</u> for benefits provided under the WTA.</li> <li>The separation is not related to job performance or misconduct of the employee.</li> <li>The WTA credit is accurate.</li> </ul> I further understand that the agency must transfer, within 12 months, an amount equal to 15 percent of the employee's salary for each year of WTA credit; or if the member returns to covered employment within 12 months, the agency must transfer the lesser of 15 percent of the employee's salary for each year of WTA credit or the amount of retirement benefits received by the member.	
7. Employer's Signature	Date
8. Title	9. Phone Number

Complete the worksheet on the next page *before* submitting both the form and the worksheet to VRS.



