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THE UPS STORE 2908

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STATE OF NEVADA
PUBLIC EMPLOYEES RETIREMENT SYSTEM
Agency: CLARK COUNTY SCHOOL DISTRICT - Number 202
NOTICE OF RESIGNAL FROM RETIREMENT REPORT

RESIGNATION/RETIREMENT/LEAVE OF ABSENCE

PLEASE PRINT OR TYPE

Name: Brendan Tolson
Participant Mailing Address: 2834 Danmore Court
City/State/Zip: HENDERSON, NV 89014 Phone No: (702) 590-4175
Department/School: HR Location No: 22 Work Plant No:
Position: DIRECTOR III Licensed Armed Police Support Staff Unlicensed
ms; & hrs
 Licensed subject to contract, agency, or contract (Unlicensed, Support Staff, Police, position, contract, holiday)

RESIGNATION: effective end of day _____ (month/year)
 DEFEASANCE: effective end of day _____ (month/year)
 DEFEASANCE: by membership in PERA _____ (month/year)
Reason for the above option:

RESIGNATION: Failure to Complete Petition - effective end of day _____ (month/year)
 RETIREMENT: effective end of day 08/29/2014 (month/year)
 INCAPACITY RETIREMENT: effective end of day _____ (month/year)
 DEATH:

REQUEST FOR LEAVE OF ABSENCE

Beginning: _____ through _____
LEAVE WILL BE PROCESSED WITHOUT FURTHER DOCUMENTATION, ALLOWING
REQUIRE APPROVAL OF HUMAN RESOURCES ADMINISTRATOR.

REASON FOR REQUEST:
 EMPLOYEE NECESSITY MILITARY MATERNITY
 MEDICAL PROFESSIONAL
 MEDICAL - WORKERS COMPENSATION OTHER (SPECIFY): _____
(Occupational Injury) (Parent, Individual/Contract, etc.)

Have you participated in a CUSD ABL program? Yes No
Partaken OSA 8/29/14

[Signature] 9/2/14

FOR DATA USE ONLY:
Last Day of Paid Compensation: _____
Final Payable: _____
2nd Copy - Bureau
3rd Copy - County Health Department of NV
CCSD