North Carolina
Retirement Systems

Form 706
Confirming an Employee's Resignation for Disability

Print or type in black ink. No erasures, strikeovers or whiteouts permitted. Do not staple pages.

Section A. Employer, provide member information.

First Name	M.I.	Last Name	Member ID

Section B. Employer, update the Retirement Systems Division about the employee's status.

1. **Has the employee separated from employment?**
☐ Yes ☐ No

2.
- If **YES**, please provide the date the member last contributed to the retirement system, either by working, exhausting leave, or receiving any type of payout.
- If **NO**, the employee must resign or be terminated before receiving long-term benefits.

3. **Will the member receive any payout of leave?**
☐ Yes ☐ No

3a. If so, please indicate how many days this payout represents?

Section C. Employer, certify the information you have provided.

I hereby certify that the information in Section B for the employee named in Section A is true and correct to the best of my knowledge. I will notify the Retirement Systems Division of changes with a revised Form 706.

Employer Contact Signature _____ Date _____

Contact First Name	Contact Last Name		
Employer / Agency	Contact Position Title		
Mailing Address	City	State	Zip Code
Email Address		Phone	

Submit the completed form with supporting documentation by mail or email.

N.C. Department of State Treasurer, Retirement Systems Division
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