



OFFICE OF HUMAN RESOURCES
DEPARTMENT OF RETIREMENT/LEAVE/UNEMPLOYMENT COMPENSATION

RETIREMENT INFORMATION/APPOINTMENT REQUEST

| | | | | |
|----------------------------|----------------|---------------|------------------------|----------------|
| NAME | | PRIOR NAME(S) | EMPLOYEE NO. | SOC. SEC. NO. |
| HOME ADDRESS (No.) | | (Street) | (City) | (Zip) |
| HOME PHONE NO. | | | | |
| WORK LOCATION NO. and NAME | | POSITION | | WORK PHONE NO. |
| DATE OF INITIAL EMPLOYMENT | E-MAIL ADDRESS | | DATE OF BIRTH: OF SELF | OF SPOUSE |

Has service been continuous since your initial date of employment? YES NO If NO, please explain. _____

Have you seen a retirement counselor previously? YES NO If YES, When? _____

Are you medically unable to continue working? YES NO

Have you ever received workers' compensation? YES NO If YES, From _____ To _____

Have you worked for another Florida Retirement System employer? YES NO _____
(Name of Agency)

My reason for making this request is:

I am planning to retire and would like an estimate of my monthly retirement benefit as of _____
(Date)

I am planning to join the Deferred Retirement Option Program (DROP) as of _____
(Date)

I have the following optional service: MILITARY SERVICE, OUT OF STATE SERVICE, HOURLY SERVICE,
FROM _____ TO _____ FROM _____ TO _____ FROM _____ TO _____
 BOARD APPROVED LEAVE OF ABSENCE OTHER _____
FROM _____ TO _____ FROM _____ TO _____

COMMENTS: _____

At the time of your appointment, please bring: birth or naturalization certificate for yourself and your spouse, and all correspondence received from the State of Florida Division of Retirement.

| Preferred Time and Day | A.M. | P.M. | MON. | TUES. | WED. | THURS. | FRI. |
|------------------------|------|------|------|-------|------|--------|------|
| 1st Choice | | | | | | | |
| 2nd Choice | | | | | | | |

SIGNATURE _____ DATE _____

Please return this form to:
Office of Human Resources
Department of Retirement/Leave/Unemployment Compensation
Retirement Section
1500 Biscayne Boulevard, Suite 215-K, Miami, Florida 33132
Phone: (305) 995-7080 Fax: (305) 995-7053

FOR OFFICE USE ONLY

Counseling appointment is necessary: YES NO

Counseling appointment is scheduled for: _____ at _____
(Day) (Date) (Time)

Appointment information mailed on: _____ by _____
(Date) (Name)

COMMENTS: _____

SIGNATURE OF ADMINISTRATOR: _____