REQUEST FOR RETIREMENT CALCULATION

DATE REQUESTED:	NAME/	MEMBER #:			
	PHONE:	!			
INFORMATION FROM ME	MBER:				
Date(s) of Retiremen	t:				
		(Request can be	up to four est.	dates)	
Final Pay Assumption	n:	•			
Job Class Rank	k:				
Top Step of Job Class:		YES		NO	_
(i.e.: Firefighte	r, Top Step No !	Premium; Police	Sgt. Top +69	% Hazard.)	
Longevity Pay:		YES		NO	
Other Assumptions:	Fitness	Shift	Degree	Out of Class	
	Coach's	Hazard	SERT	Stand By	
Details :					
(i.e.: Rate and # of hour	es at that rate. In	nformation can be	e provided fro	om the timekeeper.)
Domestic Relations Order:		YES		NO	_
Where to Send Print	-out:				
(i.e.: Email, Home, Intero	ffice, Fax, Pickup	o, etc.)			
Pay Report	y Report Financial Analyst initials:			Date Sent:	
	OF	FFICE USE ON	NLY:		
INFORMATION FROM FIL	E:				
Date of Appointment	Employ ID #:				
Date of Birth:					
Time Loss - Days:					