



MIAMI-DADE COUNTY PUBLIC SCHOOLS
DEPARTMENT OF RETIREMENT/LEAVE/REEMPLOYMENT ASSISTANCE

RETIREMENT APPOINTMENT REQUEST

| | | | |
|----------------------------|-------------------------|----------------------|------------------------|
| NAME | | EMPLOYEE NO. | CELL PHONE NO. |
| HOME ADDRESS | | WORK LOCATION NAME | HOME PHONE NO. |
| CITY | ZIP | POSITION | WORK PHONE NO. |
| DATE OF INITIAL EMPLOYMENT | PERSONAL E-MAIL ADDRESS | DATE OF BIRTH (Self) | DATE OF BIRTH (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 _____

CHOOSE OPTION A OR B

A. I am planning to retire or join DROP within the **next six months** and would like an appointment:

I am planning to retire as of _____
(Date)

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

I am considering switching to the Investment Plan as of _____
(Date)

B. I am **more than six months** away from retirement or DROP and would like an estimate sent to me by mail or E-mail.

Indicate preference: mail or E-mail

* Appointments are issued based on retirement date and eligibility. If you are more than six months away from retirement or DROP eligibility, a retirement estimate will be mailed to the address you indicated above.

COMMENTS: _____

At the time of your appointment, please bring: **birth or naturalization certificate for yourself and your spouse and marriage certificate (if married)**. All correspondence received from the state of Florida Division of Retirement, and **beneficiaries social security number and dates of birth** with you.

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

SIGNATURE _____ DATE _____

Please return this form to:
Department of Retirement/Leave/Reemployment Assistance
1450 N. E. 2nd Ave., Suite 607, Miami, Florida 33132
Phone: (305) 995-7080 Fax: (305) 995-7053

| FOR OFFICE USE | |
|---|---------------------|
| Counseling appointment is scheduled for: _____ at _____ | (Day) (Date) (Time) |
| Appointment information mailed on: _____ with _____ | (Date) (Name) |
| COMMENTS: _____ | |