



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

**RETIREMENT INFORMATION/APPOINTMENT REQUEST**

|                            |                |                      |                        |
|----------------------------|----------------|----------------------|------------------------|
| NAME                       | PRIOR NAME(S)  | EMPLOYEE NO.         | CELL PHONE NO.         |
| HOME ADDRESS (No.)         | (Street)       | (City)               | (Zip)                  |
| WORK LOCATION NO. and NAME |                | POSITION             | WORK PHONE NO.         |
| DATE OF INITIAL EMPLOYMENT | 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 email.

Indicate preference:  mail or  School Board email

\* 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 ONLY**

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

Appointment information mailed on: \_\_\_\_\_ with \_\_\_\_\_  
(Date) (Name)

COMMENTS: \_\_\_\_\_