



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)
HOME PHONE NO.		WORK LOCATION NO. and NAME		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 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:	_____ at _____ (Day) (Date) (Time)
Appointment information mailed on:	_____ with _____ (Date) (Name)
COMMENTS: _____	