



RETIREMENT FORM

Submit completed form to the Bureau of Human Resources Leave Unit at HR.LeaveUnit@fdny.nyc.gov.

Section I (to be completed by the employee)

Name (print)		Reference Number (as it appears on pay stub)
Current Title	Leave Line Title (if applicable)	
Work Location	Personal Phone	
Personal Email		
This is my official notification of retirement. Last day I plan to work will be: _____ My retirement date will be: _____		

Any retirement payments, as well as my W-2 form, should be mailed to (print clearly)

Address		
City	State	Zip
Signature		Date

Section II (to be completed by the supervisor/bureau head)

Acknowledgement: Supervisor (print name)	Acknowledgement: Bureau Head (print name)
Signature	Signature
Title	Title

HR USE ONLY

<input type="checkbox"/> FDNY Property Returned	Print Name
	Signature
	Date