TO: DEPARTMENT OF PUBLIC PERSONNEL   DEPARTMENTAL FILE NO. _____

REQUEST FOR RETIREMENT/RESIGNATION/DEATH BENEFITS

The data indicated below is referred for **computation of retirement/ resignation/ death benefit,** please:-

(1)   FULL NAME OF OFFICER: ……………………………………………………………………….........

(2)   DATE OF BIRTH: ………………………………………………………………………………...........

(3)   POSITION AT DATE OF RETIREMENT/RESIGNATION/DEATH & MINISTRY/DEPARTMENT:

         …………………………………………………………………………………………………….........

(4)   DATE OF INITIAL APPOINTMENT: …………………………………………………………….........

(5)   DATE OF RETIREMENT/RESIGNATION/DEATH: …………………………………….…...........

(6)   SALARY AND SCALE: ………………….…………………………………………………...........

(7)   INCREMENTAL DATE: ……………………………………………………………………….........

(8)   TOTAL PERIOD OF NON-PENSIONABLE SERVICE – (e.g Unpaid Leave)…………………………........

         …………………………………………………………………………………………….........

(9)   TOTAL PERIOD OF PENSIONABLE SERVICE – FROM ……………………………………….........

         TO ……………………….………………..YEARS.…………………..…………….........................

(10)   DEDUCTIONS IN PROGRESS (E.G. EXTENDED SICK LEAVE ON 7/8^{THS} PAY)

         ……………………………………………………………………………………………….........

(11)   REMAINING PERIOD FOR DEDUCTIONS: …………………………………………………….........

(12)   VACATION LEAVE INCLUDED IN PERIOD OF PENSIONABLE SERVICE:

         ……………………………………………………………………………………………….........

(13)   ANY OUTSTANDING PROMOTIONS OR EFFICIENCY BARS BEING PROCESSED BY PSC

         (NOT COMPUTED IN ABOVE DATA):…………………………………………………………….........

         ……………………………………………………………………………………………….........

(14)   ANY LOANS OR ADVANCES OUTSTANDING: ……………………………………………….........

(15)   EMPLOYEE NO: ………………….   (16) NATIONAL INSURANCE NO. ……………………….........

(16)   DEPARTMENTAL BUDGETARY HEAD NO. …………………………………………………….........

(17)   PERIODS OF SECONDMENT/TRANSFER TO AN APPROVED AUTHORITY:

         ……………………………………………………………………………………………….........

                                               ....……………………………….....
                                               HEAD OF DEPARTMENT
         …………………………………….
         DATE

TO BE COMPLETED BY MINISTRY/DEPARTMENT