

RETIREMENT NOTIFICATION

| (please print clearly) | |
|--|--|
| Employee Name: | Employee ID #: |
| Mailing Address: | 1. 7 (22) 8 (23) 0 (65) 9 (65) 9 (65) 1 (|
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| | |
| To: Superintendent/Supervisor: | (location) |
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| This is to inform you that I wish to retir | e from my position as a: |
| Work Location: | |
| | |
| My last day employed will be: | The military of the first that the f |
| My retirement day will be: | |
| (dat | e following `last day employed`) |
| I hereby also make application for any revision in pay rates approved subseque | monies which may become payable to me as a result of any upward ont to my separation from the service. |
| | |
| | |
| Signature of employee | Date |
| TO BE COMPLET | TED BY SUPERINTENDENT / SUPERVISOR |
| Retirement Certificate to be sent to: | employee's mailing address above OR |
| | Canada Post Corporation (complete below) |
| Superintendent/Supervisor name: | B , St HER , HER , HER , HER , HER , HER |
| Mailing Address: | |
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