



Finance Department
Pension Administration Division
Retirement Appointment Request Form

Employee Name: _____ Department: _____

SSN or Employee ID #: _____ Phone#: _____

Date of Birth: _____

Name of Pension Staff you have been working with: _____

Email: _____

Retirement Date: _____

Please let us know your preferred appointment dates and time of day.

You will still need to complete a **formal Retirement Application**. Staff will respond to requests for appointments within 3 days of receipt. Please respond and accept appointment requests when sent by a staff member in a timely manner. Availability is limited and times will go fast. We will try to accommodate your preferences as best we can but keep in mind we are processing a lot of requests and operating on a first come first served basis.

Please return form to **City Hall Room 1400** or email to **retirement@alexandriava.gov**

For Pension Staff Only

Received Date _____ Received By _____

Responding Date _____ Responded By _____

Additional Notes _____