



**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 1900** or email to **retirement@alexandriava.gov**

**For Pension Staff Only**

Received Date \_\_\_\_\_ Received By \_\_\_\_\_

Responding Date \_\_\_\_\_ Responded By \_\_\_\_\_

Additional Notes \_\_\_\_\_