



RETIREMENT AWARD APPLICATION

Submit this form to your agency HR advisor or independent personnel office.

In accordance with the provisions of Section 1904.7 of Chapter 19 of the D.C. Personnel Regulations, Incentive awards; employees who voluntarily retire under the Civil Service Retirement System or any other District of Columbia Government retirement system may apply for a retirement award. Employees eligible for retirement who are not otherwise excluded from this program may apply for an award payment by completing Section I of this form. The retirement award may not exceed \$25,000. For part-time employees, this amount will be prorated based upon the number of hours in the employee's official tour of duty.

Section I—To be Completed by Employee—Please Print

Name: (Last, First, MI)	Mailing Address:
Agency:	
Phone: (H) (W)	
Position Title:	Grade/Step/Salary:
Birth Date: / /	Proposed Retirement Date:
Social Security Number: - -	Employee ID Number:

I acknowledge that, if my position is determined to be critical, or if I am not granted an award due to funding limitations, I will not be eligible for the payment, in which case I am entitled to either withdraw my retirement application or retire without an award.

I also acknowledge that, if my services are deemed essential, I will be ineligible for an award if I retire before the last date that my services are required.

I understand that, if I am granted an award, I may not be reemployed by the District government, hired, or retained as a sole source consultant or personal services contractor for five years following the effective date of the retirement.

Additionally, I understand that eligibility for retirement will be determined by the review of my Official Personnel Folder.

Signature _____

Date _____

Section II—For Official Agency Use Only

I certify all data on this form is consistent with the agency's Strategic HR plan.

Approved Employee Retirement Date: ____/____/____

_____ Agency Director (Print Name)	_____ Signature	_____ Date
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I certify that funding is available for the following retirement award amount: \$ _____

_____ Agency Fiscal Officer (Print Name)	_____ Signature	_____ Date
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Section III—For Official HR Use Only

Assigned Specialist: _____ Retirement Counseling Date: _____

Retirement Eligible: Yes _____ No _____ Comments: _____
