

Retirement Award Application

Important Retirement Award Information

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.

Length Of District Government Service	Retirement Award Amount
20 years or more	Up to \$25,000
10 to 19 years	Up to \$20,000
5 to 9 years	Up to \$15,000

Section I—To be Completed by Employee—Please Print

Name (<i>Last, First, Middle</i>)	Date of birth (<i>mm/dd/yyyy</i>)
Agency	Employee ID Number
Position Title	Grade/Step/Salary

- 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 (<i>Do not print.</i>) Only the insured may sign.	Date (<i>mm/dd/yyyy</i>)
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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 (*mm/dd/yyyy*): _____

Agency Director (<i>Print Name</i>)	Signature	Date (<i>mm/dd/yyyy</i>)
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I certify that funding is available for the following retirement award amount: \$ _____

Agency Fiscal Officer (<i>Print Name</i>)	Signature	Date (<i>mm/dd/yyyy</i>)
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Section III—For Official DCHR Use Only

Assigned Specialist (<i>Print Name</i>)	Retirement Counseling Date (<i>mm/dd/yyyy</i>)
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Retirement Eligible	Comments
<div style="display: flex; justify-content: space-between;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div>	