## 

## **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.

Date

Signature \_\_\_\_\_

Section	n II—For Official Agency U	lse Only	
I certify all data on this form is consistent with the	he agency's Strategic HR plan.		
Approved Employee Retirement Date:	//		
Agency Director (Print Name)	Signature	Date	
I certify that funding is available for the following retirement award amount: \$			
Agency Fiscal Officer (Print Name)	Signature	Date	
Section III—For Official HR Use Only			
Assigned Specialist:	Retirement Couns	seling Date:	
Retirement Eligible: Yes No	Comments:		_
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