



**TO BE COMPLETED WITH YOUR PAYROLL ADMINISTRATOR**

To HR Pay & Client Services / Pensions (#8107PN)	Attention  , Retirement Analyst
From Payroll Administrator	Business Unit Payroll

Attached is the original Letter of Retirement (authorized by the Designated Authority) for the following employee:

Employee Name	Employee ID	Phone Number (daytime)
		Alternate Contact Number

I am taking commuted value

Prior to completing the following section, please note that the last day of work may not be the same as the last day of pay if the employee has been on S&A, WCB, LTD, Vacation, etc. between these two dates.

Last Day of Work (YYYY-MM-DD)	Last Day of Pay (YYYY-MM-DD)	Retirement Date (YYYY-MM-DD) (day following last day of pay)
Accumulated Leave Will Be <input type="checkbox"/> Paid Out <input type="checkbox"/> Taken as Time Prior to Last Day of Pay <input type="checkbox"/> Transferred to RRSP		On Last Day of Pay, in receipt of (check if applicable) <input type="checkbox"/> S&A <input type="checkbox"/> WCB <input type="checkbox"/> LTD <input type="checkbox"/> Vacation
Retirement Allowance Will Be <input type="checkbox"/> Paid as Cash With Income Tax Deducted <input type="checkbox"/> Taken as Time Prior to Last Day of Pay <input type="checkbox"/> Transferred to R.R.S.P.		Retirees who have completed at least 10 years of service with The City are eligible to receive a retirement certificate and gift. *The Human Resources Payroll Administrator will provide you with the Retirement Gift Options - Order Form. The form is also available on the Calgary Fire Department website. *As per Administration Policy number: HR-035

**Dept ID:** Rehire Recommendation is satisfactory (If No, then Dept ID call 403-268-5800)

This information is collected for the purposes of personnel management, payment and benefit administration, financial analysis and reporting. The information is collected under the Alberta Freedom of Information and Protection of Privacy Act, Section 33(c) and is protected by this Act. Information will be provided to companies under contract to provide the identified benefit coverage. If you have any questions about the use of the information on this form, contact HR Inquiries & Data Management at 403-268-5800.		
<b>Employee Signature</b>		Date
<b>Business Unit Payroll Authorization</b>	Phone Number	Date
<b>Designated Authority</b>	Phone Number	Date