

MEMORANDUM
CITY OF FORT PIERCE RETIREMENT & BENEFIT
GENERAL & POLICE MEMBERS

[Handwritten initials]

TO: R. Brackley
City Manager

THROUGH: R. Son Baldwin
Department Head

FROM: DIANE DANIELS / 8484

General Member
 Police Member

DATE: APRIL 16, 2014

SUBJECT: **Employee Request to Retire**

INSTRUCTIONS: Complete this memorandum requesting your retirement and turn into your Human Resources/Payroll Office **no less than 30 days** prior to your retirement date.

Employee Request to Retire

1. After 6 years of service with the Police Department of the City of Fort Pierce, I wish to retire on MAY 24, 2014.

2. I will continue employment through the Deferred Retirement Option Plan (DROP).

Yes - Complete Sections A, B, & D No - Complete Sections C & D

A. Sick Leave

I would like to cash in 176 sick leave hours towards retirement. (Maximum 720 hours)

I would like to carry over sick leave hours into the DROP period with the understanding that any unused sick leave hours **will not be** paid out at the end of the DROP period.

B. Accrued Vacation

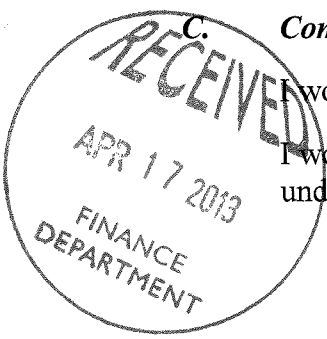
I would like to cash in vacation hours now

I would like to carry over 35.6 vacation hours into the DROP period with the understanding that any unused accrued vacation **will be** paid out at the end of the DROP period.

C. Compensatory Time

I would like to cash in compensatory hours now.

I would like to carry over compensatory hours into the DROP period with the understanding that any unused compensatory hours **will be** paid out at the end of the DROP period.



*P.A. Completed
4/17/14*

D. Insurance Election

I wish to continue participation with City's Insurance Plans.

Yes – Select the Insurance Coverage to be continued No

Health: Employee Only Employee + 1 Family

Dental: Employee Only Employee + 1 Family

E. Enrollment in DROP

In the event I elected, above, to continue employment through the Deferred Retirement Option Plan (DROP), then

1. I understand that I must withdraw from DROP, including employment, no later than sixty(60) months from the date of MAY 24, 2014 when I first started to participate in DROP (please initial, to show your understanding of, and agreement with, this requirement): DD;

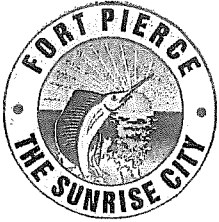
2.. I understand that once I leave employment while enrolled in the DROP program, or upon withdrawal from DROP, I cannot thereafter return to employment with either The City of Ft. Pierce, the Police Department, or the Fort Pierce Utilities Authority. That is, when I begin employment in DROP I am deemed to have submitted an irrevocable resignation, which will take effect immediately upon the date I leave employment and withdraw from DROP (please initial, to show your understanding of, and agreement with, this requirement): DD;

3. I have carefully reviewed the requirements for DROP membership and any questions relating to that have been answered to my satisfaction (please initial, to show your understanding of the DROP requirements): DD.

Please sign below acknowledging that you have read and understand all sections of this memorandum.

Diane Daniels
Signature

4-16-14
Date




Request for Hearing by the Fort Pierce Retirement Board

City of Fort Pierce

Fort Pierce Utilities Authority
Fort Pierce Police Department

TO: R. BRADshaw
Agency Manager/Chief

THROUGH: R. Sean Baldwin 
Department Head

FROM: DIANE DANIELS
(Print Name)

DATE: April 16, 2014

SUBJECT: REQUEST FOR HEARING

I am requesting a hearing before the Fort Pierce Retirement Board for the following reason:

1. () to approve a request for normal retirement;
2. () to approve a request for disability retirement;
3. () other (please explain)

D.R.O.P.

4-16-14
Date Signed


Signature