

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



TO: Robert Bradshaw  
City Manager

THROUGH: \_\_\_\_\_  
Department Head

FROM: Mazella D. Smith

General Member  
 Police Member

DATE: April 18, 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 20.8 years of service with the Human Resources Department of the City of Fort Pierce, I wish to retire on May 19, 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 688? sick leave hours towards retirement. (Maximum 720 hours)

I would like to carry over 0 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 0 vacation hours now.

I would like to carry over 0 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 0 compensatory hours now.

I would like to carry over 0 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.

*Rocky  
DM  
4/18/14*

**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 \_\_\_\_\_, when I first started to participate in DROP (please initial, to show your understanding of, and agreement with, this requirement): \_\_\_\_\_;

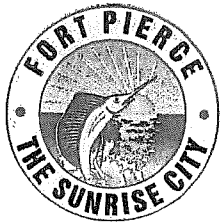
2.. I understand that once I leave employment while enrolled in the DROP program, or upon withdrawal from DROP, I cannot thereafter return to employment with either The City of Ft. Pierce, the Police Department, or the Fort Pierce Utilities Authority. That is, when I begin employment in DROP I am deemed 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): \_\_\_\_\_;

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): \_\_\_\_\_.

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

Mazella S. Smith  
Signature

04/18/14  
Date



# Request for Hearing by the Fort Pierce Retirement Board

## City of Fort Pierce

Fort Pierce Utilities Authority  
Fort Pierce Police Department

TO:

Robert Bradshaw  
Agency Manager/Chief

THROUGH:

\_\_\_\_\_  
Department Head

FROM:

Mazella D. Smith  
(Print Name)

DATE:

April 18, 2014

SUBJECT: REQUEST FOR HEARING

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4/18/14  
Date Signed

Mazella D. Smith  
Signature