

EMPLOYEE RETIREMENT SYSTEM OF THE CITY OF PROVIDENCE

**Irrevocable Intent to Retire and Participate in the
City of Providence - Local Union 1033 Retirement Incentive**

(For City Local Union 1033 Employees; bargaining unit only)

Name: _____ Date: _____

Department: _____ Classification: _____

This is my written notice of my intent to retire.

I will be at least fifty-five (55) years of age at the time of retirement with 21 years or more of service.

☐ Yes ☐ No

I will have 25 or greater years of service as a full time employee and as a member of the Employee Retirement System of the City of Providence at the time of my retirement.

☐ Yes ☐ No

I understand that this written intent to retire is **irrevocable**, that this intent to retire must be filed **no earlier than July 1, 2011 and no later than 4:00pm on August 1, 2011**. I further understand that **I must retire AND be separated from the active employee payroll no later than December 31, 2011** (having received my last payroll check, including the payment of all accrued benefits). _____

I agree to sign an "Application for Service Retirement" with the Employee Retirement System of the City of Providence reflecting my personal agreement to the terms and conditions for my receipt of the Retirement Incentive as set forth in the Code of Ordinances of the City of Providence.

Signature