GROSSMONT UNION HIGH SCHOOL DISTRICT
HUMAN RESOURCES/PAYROLL

REQUEST FOR RETIREMENT INFORMATION

DATE: _____ WORK SITE: _____

_____ _____
Employee Name Social Security Number

EMPLOYEES CURRENT MAILING ADDRESS:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Please send the completed form to my _____ home _____ work location.

Please provide me with the information I need to meet with my retirement counselor.

_____
Employee Signature

For Human Resources/Payroll Use Only

Years of Service: _____ As of school year ending: _____

Sick Leave Days: _____ As of (date): _____

THREE HIGHEST SALARIES: (Last three years unless otherwise specified.)

Year:	Year:	Year:
Salary:	Salary:	Salary:

Date received in Human Resources: _____ Completed by:_____

Date received in Payroll: _____ Completed by:_____

Date mailed to employee: _____

Copy to employee file

Revised 1/23/07
Reqforinfo.strs(Payroll Website Docs)