

Retirement Systems Training Program Application

(Please Print Legibly)

Name _____

SSN (Last 4 digits only) or EIN _____

****FCPS School employees please use SCHOOLS specific Application**

Agency _____ Work Location _____

Phone: Work _____ Home _____ Fax _____

E-mail address _____ or My name is in the Global Address List

** Class confirmations are done by e-mail, generally once a month. If you cannot be reached by e-mail, PLEASE include fax number and/or complete mailing address.

Course Title **Planning for Retirement**

Date(s) _____ or First Available

Time(s) _____

Please answer the following questions:

Approximate years of service with Fairfax County: _____

Approximate date eligible for regular service retirement: _____

Are you considering Retirement? or DROP? About what date? _____

What employment category are you?

General County (civilian) Schools**

Part-time Full-time

Public Safety (PRS or URS)

Please advise if you have arranged for special accommodations, or are bringing your spouse: _____

Supervisor's
Signature _____ Date _____ Phone _____

OR (only one signature is requested and none are required - used to verify class attendance only)

Training
Coordinator's
Name _____ Date _____ If TC would like a cc of class confirmation, please mark an X on this line _____

Retirement Systems Use Only

Confirmed _____ Class Date _____

Plan Flag: GC Sch URS PRS

SL _____ Age _____ EmpSvc/BenSvc _____ / _____

LWOP _____ + _____ (FMLA ? _____)

NRDate _____ Early _____

**FAX or
Return via Inter-County Mail to:**

Fairfax County Retirement Systems
Attention: Communications Specialist
10680 Main Street, Suite 280
Fairfax, VA 22030

Phone 703-279-8200 fax 703-273-3185