



# Retirement Systems Training Program Application

(Please Print Legibly)

Name \_\_\_\_\_

SSN (Last 4 digits) \_\_\_\_\_

**\*\*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, every 2-3 weeks.**

Course Title \_\_\_\_\_

Date(s) \_\_\_\_\_ **OR** First Available

Time(s) \_\_\_\_\_

### **Please answer the following questions:**

### **What employment category are you?**

- General County (civilian)  Schools\*\*
- Part-time  Full-time
- Public Safety ( PRS or  URS)

Approximate years of service with Fairfax County \_\_\_\_\_

Approximate date eligible for regular service retirement \_\_\_\_\_

Are you considering  Retirement? or  DROP? About what date? \_\_\_\_\_

Please advise if you have arranged for special accommodations, or are bringing your spouse \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**OR** (only one name/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  Schools  URS  PRS

SL \_\_\_\_\_ Age \_\_\_\_\_ EmpSvc/BenSvc \_\_\_\_\_ / \_\_\_\_\_

LWOP \_\_\_\_\_ + \_\_\_\_\_ (FMLA ? \_\_\_\_\_)

NormRDate \_\_\_\_\_ Early \_\_\_\_\_

**Registration is NOT available through EmployeeU**

**FAX, E-mail, or Mail**

**Completed Form to:**

**Fairfax County Retirement Systems**

**Fax 703-273-3185**

[retirementcommunications@fairfaxcounty.gov](mailto:retirementcommunications@fairfaxcounty.gov)

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