

Retirement Systems Training Program Application

(Please Print Legibly)

Name _____

SSN (Last 4 digits) & Emp # _____ School e-mail Address _____

Agency _____ Work Location _____

Phone: Work _____ Home _____ Fax _____

E-mail address _____ ★ Check box if this is personal e-mail

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

Course Title **FCERS Schools Retirement Seminar**

Date(s) _____ or First Available

Time _____

Please answer the following questions:

Approximate years of service with Fairfax County: _____

Date of Birth _____

Approximate date eligible for regular service retirement: _____

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

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

What employment category are you?

Food Service Transportation

Administrative/Instructional

Custodial Trades/Maintenance

Other _____

Part-time or Full-time

Please Note: If you are a full-time teacher or administrator, you are probably **NOT** a member of FCERS and should not sign up for this class. Call ERFC at 703-426-3900 with questions.

Signature _____ Date _____ Phone _____

Retirement Systems Use Only	
Confirmed _____	Class Date _____
Plan Flag: <input type="checkbox"/> A <input type="checkbox"/> B	
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