

--	--

Retirement Class Application

**FCPS School employees please use SCHOOLS specific application

Please print legibly

Last Name:	First Name:
Social Security # (Last 4 Digits):	
Work Phone #:	Alternate Phone #:
Agency:	Work Location:
Email Address:	OR My name is in the Global Address list* <input type="checkbox"/>

*Note: Class confirmations are done by e-mail, every 2-3 weeks.

Date(s):	OR First Available <input type="checkbox"/>	Time:
----------	---	-------

Please answer the following questions:

Approximate years of service with Fairfax County:
Approximate date eligible for regular service retirement:
Are you considering: <input type="checkbox"/> Retirement OR <input type="checkbox"/> DROP About what date?
Please advise if you've arranged for special accommodations, or are bringing your spouse:

Return application by fax, email or inter-county mail to:

Fairfax County Retirement Systems
Attention: Communications Specialist
12015 Lee Jackson Memorial Hwy. Suite 350
Fairfax, VA 22033
retirementcommunications@fairfaxcounty.gov
Fax 703-653-9543 Phone 703-279-8200

What employment category are you?

☐ General County (civilian)

☐ Schools**

☐ Part-time ☐ Full-time

Public Safety

☐ Police Officer OR ☐ Uniformed

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

RETIREMENT SYSTEMS USE ONLY

Plan: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
SL:	Age:	EmpSvc/BenSvc /
LWOP:	+	FMLA:
NR Date:	Early:	