



**REQUEST FOR RETIREMENT COMPUTATION ONLY**

**Do not complete this form if you are an employee enrolled in the 401(A) Defined Contribution Plan.**

**Complete all sections of the Request for Retirement Computation per the directions below and return to the address listed above. Please print clearly and complete your personal information as it appears on your paycheck.**

I. Personal Information			
Full Name: (Print Clearly)	LAST	FIRST	MI
Employee ID Number:			
Mailing Address:	STREET ADDRESS		APARTMENT/UNIT #
City, State:	Zip Code:		
Home Phone:	Mobile/Alt. Phone:		
Email Address:			
Date of Birth:	Social Security Number:		
Work Location:	Position Title:		
Salary:	Position Grade:	Position Step:	

II. Retirement Options	
PROPOSED DATE OF RETIREMENT:	
TYPE OF RETIREMENT (Please check the appropriate option):	<input type="checkbox"/> REGULAR RETIREMENT <input type="checkbox"/> DISABILITY RETIREMENT
Would you like to include a survivor annuity calculation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
What percentage would you like your spouse to receive? (You may select a percentage from 1% to 55%)	

You are eligible to apply for **Regular Retirement** if you are:

- Age **62** with **5** or more years of service;
- Age **60** with **20** or more years of service;
- Age **55** with **30** or more years of service; or

\*Any age and hired on or after 11/01/1996 with 30 years of service - *This provision applies only to the Teachers' Retirement Plan.*

You may be eligible to apply for **Disability Retirement** if you are:

Any age with at least **5 years of eligible service** in your current retirement benefit plan.

Years of service is calculated based on your DCPS employment history. If you have accrued eligible service in other ways, include that information below so that it may be calculated towards your total years of service.

### III. Employment History

#### DC Public Schools Service

DCPS Service:	FROM: (MONTH, DAY, YEAR)		TO: (MONTH, DAY, YEAR)
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#### DC Government Service: Employment with one of the District of Columbia’s government agencies

DC Government Service:	FROM: (MONTH, DAY, YEAR)		TO: (MONTH, DAY, YEAR)
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**Prior Teaching Service:** You may purchase up to 10 years of approved full-time teaching service from another school district. To learn more about this option, contact the Office of Pay and Retirement Services at (202) 741-8660.

Prior Teaching Service:	FROM: (MONTH, DAY, YEAR)		TO: (MONTH, DAY, YEAR)
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**Military Service:** See summary plan description for details.

Military Service:	FROM: (MONTH, DAY, YEAR)		TO: (MONTH, DAY, YEAR)
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**Federal Government Service:** See summary plan description for details.

Federal Government Service:	FROM: (MONTH, DAY, YEAR)		TO: (MONTH, DAY, YEAR)
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### IV. General Information

<b>1. Have you ever separated from DCPS?</b> If applicable, provide provide dates when your employment with DCPS was interrupted. Be sure to include month and year.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>2. If so, when?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>3. What was your date of re-entry to DCPS?</b>		
<b>4. Have you ever received a refund of your retirement contributions?</b> If you have ever received a distribution from your pension plan (Civil Service Retirement and Teachers’ Retirement Plan) indicate the approximate date when you received the refund, the amount of the refund and whether or not you re-deposited the monies into your pension plan.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>5. If yes, when did you receive the refund?</b>		
<b>6. Have you paid back or re-deposited monies that were refunded to you?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>7. Have you ever been on leave without pay for more than six months?</b> Indicate if you have ever been in a leave without pay status for more than 6 consecutive months. Leave without pay status may include medical leave, educational leave, military leave and family leave. Include the dates of the leave without pay.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>8. If so, provide start and end dates of leave.</b>	LEAVE START DATE: (MONTH, DAY, YEAR)	LEAVE END DATE: (MONTH, DAY, YEAR)

**IV. General Information (Continued)**

<b>9. Have you ever received workers/disability compensation benefits for six or more consecutive months?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>10. If so, provide start and end dates.</b>	LEAVE START DATE: (MONTH, DAY, YEAR)	LEAVE END DATE: (MONTH, DAY, YEAR)
<b>11. Have you purchased any additional service toward retirement? (Please include proof of purchase)</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>10. If so, how much time has been purchased?</b>	YEARS	MONTHS      DAYS

**I, the undersigned, have completed this form to the best of my knowledge and understand that my submission is for computation purposes only and not considered as my intent to retire from the District of Columbia Public Schools.**

<b>Employee Signature</b>	<b>Date</b>

Form OHR-Request for Retirement Computation  
Last updated 03.01.2010

**Return completed form in person to: DCPS – Office of Human Resources  
1200 First Street NE, 10<sup>th</sup> Floor  
Washington, DC 20002**

**Or Via Fax: (202) 442-5315**