



THE NEW YORK CITY DEPARTMENT OF EDUCATION
 DIVISION OF FINANCIAL OPERATIONS
 ADMINISTRATIVE/SUPPORT PAYROLLS
 65 Court Street - Room 1003
 Brooklyn, New York 11201

**REQUEST FOR INFORMATION
 PAYMENT TO UFT PARAPROFESSIONAL
 FINAL ENTITLEMENT**

INSTRUCTIONS: This form is to be completed upon cessation of service by UFT Paraprofessional employees who resign, retire, terminal leave or are terminated, and are members of TRS. Upon completion the payroll secretary will forward this form to the District Office for termination pay.

EMPLOYEE'S NAME (as it appears on the payroll)														
EMPLOYEE ID # / EIS ID # / FILE #	DISTRICT	BOROUGH	SCHOOL NUMBER / LOCATION											
HOME MAILING ADDRESS (Number and Street, Apartment No.)														
CITY	STATE	ZIP CODE	HOME TELEPHONE NUMBER () -											
TYPE OF ACTION			TRS PENSION											
A) RETIRED <input type="checkbox"/> C) TERMINATED <input type="checkbox"/> B) RESIGNED <input type="checkbox"/> D) OTHER <input type="checkbox"/> _____			<table border="1" style="width:100%; height: 20px;"> <tr> <td style="text-align: center; font-weight: bold; font-size: 1.2em;">T</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		T									
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LAST DAY OF ACTUAL SERVICE:			EFFECTIVE DATE OF RETIREMENT/RESIGNATION/TERMINATION:											
MONTH	DAY	YEAR	MONTH	DAY	YEAR									

This information is required to process payments in an expeditious manner. The payment, when processed, will be distributed to the school of last record. Please direct all questions through the school payroll secretary.

Signature of Employee: _____

I have reviewed the above information and have determined that the information is correct or I have correctly adjusted it.

PAYROLL SECRETARY: _____	PHONE (SCHOOL) #: () _____
<i>PRINT OR TYPE</i>	
PAYROLL SECRETARY _____	DATE: _____
<i>SIGNATURE</i>	
PRINCIPAL APPROVAL _____	DATE: _____
<i>SIGNATURE</i>	
HR PERSONNEL APPROVAL _____	DATE: _____
<i>SIGNATURE</i>	