



**For the IBT Local 237, School Safety Officers, District School Guards and DC37 Family Workers**

**1. TO BE COMPLETED BY EMPLOYEE OF BENEFICIARY**

PRINT EMPLOYEE'S NAME		EMPLOYEE'S ID/ EIS/FILE NUMBER	
Current Mailing Address (Number, Street & Apartment)			
CITY		STATE	ZIP CODE
TELEPHONE NUMBER		DATE OF RETIREMENT, RESIGNATION, TERMINATION OR DEATH	
<b>NOTE: Do not send this application for processing until your last day of service and that you have been terminated in the EIS system.</b>			
I hereby apply for Termination Pay effective upon my cessation of service in accordance with my years of service in the covered title(s) as provided by a (collective bargaining agreement and as verified by The Office of Safety and Youth Development and Administrative/Support Payrolls Compensation)			
Employee's Signature: _____		Date: _____	
Beneficiary Signature: _____		Date: _____	
(Only if Employee is deceased)			

**2. TO BE COMPLETED BY DISTRICT OFFICE (Please type or print in ink)**

**2.1 NOTE:** For the International Brotherhood of Teamsters, Local 237 employees in school officer titles. For employees in a school guard title or family worker, the district office is the district that the employee works in.

**2.2 NOTE** If the above employee is deceased, please contact the employee's union, or pension system for the beneficiary on file before completing this form.

SCHOOL & DISTRICT OR PROGRAM	TERMINATION DATE / LAYOFF DATE (where applicable)
I hereby certify that the above named employee has resigned or been terminated (not for cause).	
_____ Signature: _____ Date: _____	
(District Office Personnel)	