



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	
NOTE: Do not send this application for processing until your last day of service and that you have been terminated in the EIS system.			
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)	