



## Department of Economic Opportunity

### REQUEST FOR EMPLOYEE RETIREMENT AWARD

\*\*\*\*\*PLEASE PRINT\*\*\*\*\*

DIVISION \_\_\_\_\_

Full Name of Retiring Employee: \_\_\_\_\_

Position Title of Retiring Employee: \_\_\_\_\_

Last Day of Employment with DEO: \_\_\_\_\_

Number of years of service with the State of Florida: \_\_\_\_\_

Number of years of service with the Department of Economic Opportunity: \_\_\_\_\_

Name of Supervisor/Requestor: \_\_\_\_\_

Mailing Address of Requestor: \_\_\_\_\_

Agency Head or Designee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_