

**CITY OF ATLANTA
EMPLOYEES PENSION FUND
DEFINED BENEFIT
PENSION CLEARANCE FORM**

Name of Employee _____

Social Security Number _____

Classification _____

Department _____

Last Day of Work _____ (your pension will be effective the next day)

As a prerequisite to file for a pension, I certify that the above information is true and correct to the best of my knowledge. If any changes occur after submitting this form, I will notify the Pension Division Immediately.

PROOF OF AGE*****BIRTH CERTIFICATE*****MUST BE SUBMITTED

Telephone: Home () _____ Work() _____

Signature _____ Date _____

Supervisor's Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY PAYROLL CLERK:

Closing Date of Final Payroll On Which Employee Appears: _____
Payroll Ending Date

The following is a breakdown of the **Number of Hours Paid** in the above dated payroll, including lump sum vacation. This should be identical to the information on your payroll sheet for the above payroll ending date.

Hours Worked	Vacation Hours	Sick Hours	Lump Sum Vacation	Total Hours Paid
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Name and Telephone Number of Payroll Clerk

**Please submit with your Application to: ASI, 2187 Northlake Pkwy, Bldg.#9 Ste. 106
Tucker, GA 30084-4149
Telephone: (770) 934-3953**