



Department of Commerce

REQUEST FOR EMPLOYEE RETIREMENT AWARD

*****PLEASE PRINT*****

DIVISION _____

Full Name of Retiring Employee: _____

Position Title of Retiring Employee: _____

Last Day of Employment with COM: _____

Number of years of service with the State of Florida: _____

Number of years of service with the Department of Commerce: _____

Name of Supervisor/Requestor: _____

Mailing Address of Requestor: _____

Agency Head or Designee's Signature: _____

Date: _____