



## Human Resources Department

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### NOTICE OF RETIREMENT

Name \_\_\_\_\_  
Address\* \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number(s)\* \_\_\_\_\_  
Personal Email\* \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Date of Retirement \_\_\_\_\_  
Position Title \_\_\_\_\_  
Department Name \_\_\_\_\_

By providing my initials in this box, I indicate that I have applied for or I intend to apply for a Wisconsin Retirement System *Disability Retirement* and/or *Duty Disability* benefit. I understand that leave payouts due to me may be withheld by the City of Madison pending approval of my *Disability Retirement* and/or *Duty Disability* benefit by Employee Trust Funds.

By my signature, I notify the City of Madison of my intent to retire from City employment and certify that I meet the eligibility requirements to retire and acknowledge my understanding of the following:

- Leave balances (vacation, floating holiday, compensatory time) due at retirement will be paid to me on my final paycheck. I understand that if I want to place any amount of leave payouts in a deferred compensation account, I will complete an election form stating either a specific amount or "Maximum" and will submit the form to Central Payroll prior to my retirement date.
- If the total value of accrued sick leave at retirement is greater than \$2,000, the full value will be administered through the appropriate program (PRIME-Choice or other Post-Retirement Health Account). If the total value of sick leave is less than \$2,000, it will be paid out on my final paycheck.
- If I am continuing health insurance and I am required to pay the full monthly premium, it will be deducted from my monthly WRS annuity payment for the following month's coverage. I understand that two month's premiums may be deducted from the first monthly WRS annuity payment.
- The information that I provide on this form may be shared with third party administrators (TPAs) of the City of Madison's benefits program on an as-needed basis and will be used by TPAs solely for the purpose of administering City of Madison retirement benefits.
- By providing this notice, City of Madison Human Resources may disclose to my department/division head my intent to retire from City employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Contact via mail, phone, and/or personal email will be limited to the extent necessary for effective administration of City of Madison retirement benefits.

HUMAN RESOURCES DEPARTMENT  
Retiring Employee's File

Copy: Retiring Employee