**From :………………………………………………………**

**Reference :………………………………………………………**

**Date :………………………………………………………**

**Subject :RETIREMENT FROM THE PUBLIC SERVICE.**

1. **Name, Level and Post of Officer:………………………………………………...........................**
2. **Date of Birth** (*enclose copy of BirthCertificate*): **\_\_\_(DD) / \_\_\_(MM)/ \_\_\_(YY)**
3. **Date of Appointment or Re-appointment** (*Please delete where applicable*) **to the Public Service: \_\_\_(DD) / \_\_\_(MM)/ \_\_\_(YY)**
4. **Date of Application: \_\_\_(DD) / \_\_\_(MM)/ \_\_\_(YY)**

(*Please enclose a copy of application*)

1. **Effective Date of Retirement: \_\_\_(DD) / \_\_\_(MM)/ \_\_\_(YY)**
2. **Has the required notification period been fulfilled?: YES/NO**

*(20 working days)*

1. **Total Number of years of Service as an established employee:………………...........................**
2. **Total Number of years of Daily-paid service, if any:……………………………………………**
3. **Total Number of earned leave entitlement:……………………………………...........................**
4. **Is the Officer retiring on medical grounds?** : **YES/NO**

(*If yes, please submit report from the Director of Health*)

1. **Any other comments?**

**Recommendation**:

1. That Mr/Mrs/Miss ………………………………..(post)……………….………………………

Department/Ministry of ……………………………….. be allowed to retire from the Public Service and that he/she be paid in one lump sum the equivalent of his/her salary for the period of earned leave with effect from…………………………..

**OR**

1. That Mr/Mrs/Miss ………………………………..(post)…………..…………………………

Department/Ministry of ……………………………….. be allowed to cease service on medical grounds and that he/she be paid in one lump sum the equivalent of his/her salary for the period of earned leave with effect from…………………………..

**AND**

2. That she/he be paid the equivalent of his salary for any period of earned leave;

3. That she/he submits his claims for leaving service benefits to the Retirement Fund Board.

**OR**

2. That her/his years of service in daily paid capacity, recognized through granting of increments be taken into account when computing his benefits;

3. That she/he be paid the equivalent of his salary for any period of earned leave;

**Prepared by: ………………………………………………………….**

**Signature: ………………………………………………………….**

**For: ………………………………………………………….**

**(Designation of CEO)**

**Please ensure that he following documents are attached:**

* Copy of Birth Certificate
* Copy of Application to retire from the Public Service
* Exit Interview Form
* If applicable, report from the Director of Health (For Retirement on Medical Grounds)

**Public Service CommissionOffice Use ONLY**

**Responsible Officer:……………………………………………….**

**Recommendation:**

 ⁯ All in order, submit for PSC Decision.

 ⁯ Not in order, return to Ministry.

**PSC Comments:**