



THE NEW YORK CITY DEPARTMENT OF EDUCATION  
 DIVISION OF FINANCIAL OPERATIONS  
 ADMINISTRATIVE/SUPPORT PAYROLLS  
 65 Court Street - Room 1003  
 Brooklyn, New York 11201

**REQUEST FOR INFORMATION  
 PAYMENT TO UFT PARAPROFESSIONAL  
 FINAL ENTITLEMENT**

**INSTRUCTIONS:** This form is to be completed upon cessation of service by UFT Paraprofessional employees who resign, retire, terminal leave or are terminated, and are members of TRS. Upon completion the payroll secretary will forward this form to the District Office for termination pay.

|  |          |          |  |     |      |  |  |  |  |  |  |  |  |  |
|--|----------|----------|--|-----|------|--|--|--|--|--|--|--|--|--|
| EMPLOYEE'S NAME (as it appears on the payroll)   |          |          |  |     |      |  |  |  |  |  |  |  |  |  |
| EMPLOYEE ID # / EIS ID # / FILE #  | DISTRICT | BOROUGH  | SCHOOL NUMBER / LOCATION   |     |      |  |  |  |  |  |  |  |  |  |
| HOME MAILING ADDRESS (Number and Street, Apartment No.)  |          |          |  |     |      |  |  |  |  |  |  |  |  |  |
| CITY   | STATE    | ZIP CODE | HOME TELEPHONE NUMBER<br>( ) -   |     |      |  |  |  |  |  |  |  |  |  |
| TYPE OF ACTION   |          |          | TRS PENSION  |     |      |  |  |  |  |  |  |  |  |  |
| A) RETIRED <input type="checkbox"/> C) TERMINATED <input type="checkbox"/><br>B) RESIGNED <input type="checkbox"/> D) OTHER <input type="checkbox"/> _____ |          |          | <table border="1" style="width:100%; height: 20px;"> <tr> <td style="text-align: center; font-weight: bold; font-size: 1.2em;">T</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> |     | T    |  |  |  |  |  |  |  |  |  |
| T  |          |          |  |     |      |  |  |  |  |  |  |  |  |  |
| LAST DAY OF ACTUAL SERVICE:  |          |          | EFFECTIVE DATE OF RETIREMENT/RESIGNATION/TERMINATION:  |     |      |  |  |  |  |  |  |  |  |  |
| MONTH  | DAY      | YEAR     | MONTH  | DAY | YEAR |  |  |  |  |  |  |  |  |  |
|  |          |          |  |     |      |  |  |  |  |  |  |  |  |  |

This information is required to process payments in an expeditious manner. The payment, when processed, will be distributed to the school of last record. Please direct all questions through the school payroll secretary.

Signature of Employee: \_\_\_\_\_

I have reviewed the above information and have determined that the information is correct or I have correctly adjusted it.

|                             |                             |
|-----------------------------|-----------------------------|
| PAYROLL SECRETARY: _____    | PHONE (SCHOOL) #: ( ) _____ |
| <i>PRINT OR TYPE</i>        |                             |
| PAYROLL SECRETARY _____     | DATE: _____                 |
| <i>SIGNATURE</i>            |                             |
| PRINCIPAL APPROVAL _____    | DATE: _____                 |
| <i>SIGNATURE</i>            |                             |
| HR PERSONNEL APPROVAL _____ | DATE: _____                 |
| <i>SIGNATURE</i>            |                             |