



# CITY OF ATLANTA

## GENERAL EMPLOYEES' PENSION FUND

- Board of Education
- General Employees

Fund Office: GEMGroup, Administrator, Peachtree Center, Suite 1460, 225 Peachtree Street, NE, Atlanta, GA 30303  
Phone: (404) 525-4191 / Fax: (404) 525-4190

### PENSION CLEARANCE FORM

If Submit Online button doesn't work, then save the form to your computer and then e-mail it to:  
radams@atlantaga.gov and rlarimer@gemgroup.com

I. THIS SECTION TO BE COMPLETED BY EMPLOYEE		
Name of Employee _____	Social Security Number _____	Classification _____
School/Department _____	Principal/Department Head _____	
<i>As a prerequisite to filing 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 Fund Administrator immediately.</i>		
Home Telephone _____	Date _____	Signature _____
(Street, Apt.#)		
(City, State, Zip Code)		
<i>(Proof of age – BIRTH CERTIFICATE – must be attached to this form.) Forward this form to the Fund Administrator at the above address.</i>		

II. THIS SECTION TO BE COMPLETED BY THE DEPARTMENT PAYROLL REPRESENTATIVE	
This employee has officially notified the Human Resources Department of plans to retire.	
The employee's last day of duty will be _____	
The employee will remain on the payroll through the end of the day _____	
Date _____	Human Resources Department _____

III. THIS SECTION TO BE COMPLETED BY THE DEPARTMENT PAYROLL REPRESENTATIVE		
Final Monthly Rate of Pay	\$ _____	
Pension Plan _____	Employee Type _____	Daily Rate _____
TOTALS TO DATE FOR THE YEAR _____ THROUGH PAY PERIOD ENDING _____		
Gross Pay \$ _____		
Pension Paid:	Current \$ _____	Military Back \$ _____
	Regular Back \$ _____	62/64 Back \$ _____
Owes 1978 Back Pension \$ _____ @ _____		
ACCUMULATED LEAVE BALANCE:		
	Sick Leave _____	Paid \$ _____
	Annual/Vacation Leave _____	Paid \$ _____
	Unused Sick Leave _____	Hours _____
<b>The above totals include all monies to be paid to the above employee.</b>		
Date _____	Department Payroll Representative _____	Telephone Number _____