## RETIREE REQUEST FOR EXEMPTION FROM NEGOTIATED SALARY DEDUCTION

I intend to retire from Stanislaus County. As a result of my planned retirement I am requesting an exemption from any negotiated salary deduction currently in place. I understand that this exemption is for the period of twelve months prior to my planned retirement date stated below. I also understand that as a result of this exemption I will not accrue any Special Accrued Leave Time (SALT) during this time.

receive credit for a full 12 months of salary exer accruals that have been used during this period not guaranteed and requires department head at the current negotiated salary deduction for a deduction will start the effective date of my reque	mption, I understand I for vacation accru approval. My initials full 12 months	d that I will need to lals. I also underst s confirm my reque	o exchange any SALT tand this exemption is est to be exempt from	
I understand that this is considered an official not my resignation notice the department may considered for budget planning purposes. I understate position after that date.	otice of my resignat sider my position ur	on from County selfunded as of the	retirement date stated	
I further understand that if I wish to modify or written communication within 14 days of this not date after 14 days will require approval of my d the budget constraints of the department. Any recalculation of my salary and that leave accordinated salary deduction.	tice. Requests to re lepartment head an / changes to my p	scind or modify the d may or may not planned retirement	e accepted retirement be granted based on date will result in a	
Employees completing this form are still requi application with the Stanislaus County Employee				
Employee Name/Printed	Planned Retirer	Planned Retirement Date Last Day Worked		
Employee Signature	Today's Date			
Classification	Department			
DEPART	MENT USE ONLY			
Retirement Eligibility Confirmed:	Eligible	Not Eligible		
I accept this retirement notice and appro- exemption I accept this retirement notice but DO NO exemption		·	·	
Department Head	Date			
PAYRO	OLL USE ONLY			
Employee ID #				
Pay period start date	Pay Peri	Pay Period		

Original: County Personnel File Copy to: Auditor's Office/Payroll and Employee Revised 6-2013