



# NEW YORK CITY FIRE PENSION FUND

ONE BATTERY PARK PLAZA, 9TH FLOOR  
NEW YORK, NY 10004  
(929) 436-0099

RESET FORM

## APPLICATION FOR SERVICE RETIREMENT AND TERMINAL LEAVE

Member Information:

Date:

Tax ID No.

Reference No.

First Name

MI

Last Name

Address

Apt

City

State

Zip Code

Rank:

Unit:

Date Appointed:

Accrued Leave Dates:  to

Date of Termination of Service:

Terminal Leave Dates:  to

Retirement Date:

***During the twelve (12) months preceding retirement date:***

Was all duty performed in accordance with the Two Platoon—25 Group System? Yes ☐ No ☐  
If no, give reason.

Had you been assigned to Light Duty by the Medical Division? Yes ☐ No ☐

Member Signature: \_\_\_\_\_

☐ Approved  
☐ Disapproved \_\_\_\_\_  
Company Commander Rank Unit Group Date

☐ Approved  
☐ Disapproved \_\_\_\_\_  
Battalion Chief Unit Group Date

☐ Approved  
☐ Disapproved \_\_\_\_\_  
Deputy Chief Unit Group Date