

TYPING CHECKLIST
ERS

Analyst Initials and Date _____

FILE # _____

SALARY VERIFICATION MEMOS

- _____ Service/Early Service Retirement
- _____ Service Pending Non-Line-Of-Duty Disability
- _____ Service Pending Line-Of-Duty Disability
- _____ Job Abolishment/Layoff Retirement
- _____ Non-Line-of-Duty Disability (Applied)
- _____ Line-Of-Duty Disability (Applied)
- _____ Terminated Vested
- _____ Terminated Vested (**Lay Off/Job Abolishment**)

MEMO TO CANCEL RETIREMENT APPLICATION

- _____ Cancel Service Retirement Application
- _____ Cancel Disability Retirement Application

WORKERS COMPENSATION VERIFICATION MEMO

- _____ Non-Line-Of-Duty Disability (**AWARDED**)
- _____ Non-Line-Of-Duty Disability (**APPLIED**)
- _____ Line-Of-Duty Disability (**AWARDED**)
- _____ Line-Of-Duty Disability (**APPLIED**)

DISABILITY LETTER

- _____ Non-Line-Of-Duty Disability \$ _____ annually \$ _____ monthly
- _____ Line-Of-Duty Disability \$ _____ annually, \$ _____ monthly

(Please PRINT)

Requests: