

**CITY OF GAINESVILLE
DISABILITY RETIREMENT PLAN**

Leg. No. 100651A

NAME:	Cynthia Sandoval		
EMPLOYEE ID #	7797		
DATE OF RETIREMENT:	01-Nov-10		
TYPE OF CALCULATION:	Disability - Not in Line of Duty		
<u>FINAL AVERAGE EARNINGS:</u>			
EARNINGS HISTORY PROVIDED BY	<u>DATE FROM</u>	<u>DATE TO</u>	<u>SALARY</u>
PAYROLL	01-Jan-08	23-Oct-08	\$41,535.73
		2007	\$55,207.19
		2006	\$52,492.70
	27-Oct-05	31-Dec-05	\$9,853.70
TOTAL			\$159,089.32
FINAL AVERAGE MONTHLY EARNINGS (Total / 36)			\$4,419.15
<u>CREDITED SERVICE</u>			
CREDITED SERVICE:	<u>DATE FROM</u>	<u>DATE TO</u>	<u>YEARS SERVICE</u>
	05-Sep-94	01-Nov-00	16.083
<u>SICK LEAVE SERVICE CREDIT:</u>	<u>DATE</u>	<u>BALANCE</u>	<u>HRS/YEAR</u>
	09/29/2000	0.000	2080
TOTAL SERVICE CREDIT			16.083
<u>UNADJUSTED DISABILITY BENEFIT</u>			
TOTAL SERVICE CREDIT	16.083		
BENEFIT MULTIPLIER	32.166%		
FINAL AVERAGE MONTHLY EARNINGS	\$4,419.15		
DISABILITY BENEFIT			\$1,421.46
<u>ADJUSTED DISABILITY BENEFIT</u>			
UNADJUSTED DISABILITY BENEFIT			\$1,421.46
SOCIAL SECURITY DISABILITY BENEFIT			\$1,375.00
LESS 50% OF SOCIAL SECURITY BENEFIT	Effective January 2011		\$687.50
WORKER'S COMPENSATION BENEFIT (IF ANY):			
ADJUSTMENT FOR PENSION BENEFITS	EARLY RETIREMENT		\$857.86
			(\$123.90)
ADJUSTED DISABILITY BENEFIT:			\$0.00
<u>EMPLOYEE AGE/DATE OF BIRTH</u>			
RETIREE'S AGE/DATE OF BIRTH: (at retirement)	56.917	DOB:	25-Oct-53

PREPARED BY: _____

DATE: _____

VERIFIED BY: _____

DATE: _____

I, the undersigned, hereby acknowledge that this estimated pension benefit has been discussed with me and that I understand and agree with it

EMPLOYEE'S SIGNATURE: _____

DATE: _____