

LEGISLATIVE

#120552

**CITY OF GAINESVILLE
DISABILITY RETIREMENT PLAN**

NAME:	Robert Nielsen		
EMPLOYEE ID:	10634		
DATE OF RETIREMENT:	30-Sep-11		
TYPE OF CALCULATION:	Out of Line		
<u>FINAL AVERAGE EARNINGS:</u>			
EARNINGS HISTORY PROVIDED BY PAYROLL	<u>DATE FROM</u>	<u>DATE TO</u>	<u>SALARY</u>
	01-Jan-10	31-Dec-10	\$51,474.52
		2009	\$54,035.79
	01-Jan-08	31-Dec-08	\$57,617.74
TOTAL			\$163,128.05
FINAL AVERAGE MONTHLY EARNINGS (Total / 36)			\$4,531.33
<u>CREDITED SERVICE</u>			
CREDITED SERVICE:	<u>DATE FROM</u>	<u>DATE TO</u>	<u>YEARS SERVICE</u>
	15-Jun-98	30-Sep-11	13.333
<u>SICK LEAVE SERVICE CREDIT:</u>	<u>DATE</u>	<u>BALANCE</u>	<u>HRS/YEAR</u>
	09/07/2011	0.000	2080
TOTAL SERVICE CREDIT			13.333
<u>UNADJUSTED DISABILITY BENEFIT</u>			
TOTAL SERVICE CREDIT	13.333		
BENEFIT MULTIPLIER	26.666%		
FINAL AVERAGE MONTHLY EARNINGS	\$4,531.33		
DISABILITY BENEFIT			\$1,208.33
<u>ADJUSTED DISABILITY BENEFIT</u>			
UNADJUSTED DISABILITY BENEFIT			\$1,208.33
SOCIAL SECURITY DISABILITY BENEFIT			
LESS 50% OF SOCIAL SECURITY BENEFIT			\$0.00
WORKER'S COMPENSATION BENEFIT (IF ANY):			
ADJUSTED DISABILITY BENEFIT:			\$1,208.33
<u>EMPLOYEE AGE/DATE OF BIRTH</u>			
RETIREE'S AGE/DATE OF BIRTH:	43.083	DOB:	01-Sep-68

PREPARED BY: 

VERIFIED BY: _____

DATE

10/31/2012

DATE

City of Gainesville
DISABILITY PENSION PLAN
Application for Pension

Legislative No. 120552

To: The CITY COMMISSION

Application for pension under the City of Gainesville Disability Pension Plan is hereby made for:

Name: Robert T Nielsen Employee ID #: 10634
 Application Date: September 21, 2011 Effective Date: 9/30/2011
 Pension Service Date: June 15, 1998 Date Of Birth: September 1, 1968

Position: Field Service Tech - (CWA GEN)
 Department: Field Services - GRU

Address: 3727 NW 55TH PLACE City: GAINESVILLE
 State/Zip: Florida 32653 Phone #: 352-336-3019

Line of Duty Not in the Line of Duty

STATEMENT OF DISABILITY:

DUE TO DEPRESSION I AM UNABLE TO PERFORM MY JOB FUNCTIONS TO A SATISFACTORY STANDARD SET BY MY MGR'S IN MY DEPARTMENT.

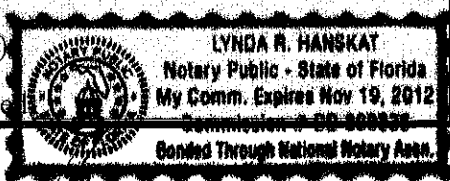
You are advised that if after retirement has been approved and/or benefits paid it is determined that the initially projected or actually paid benefit amount was higher or lower than the member, retiree, or beneficiary was entitled to, then such benefit may be adjusted so as to provide the actuarial equivalent of the benefit to which the member, retiree, or beneficiary was entitled.

You are also advised that you must comply with all reasonable requests of the City of Gainesville to recertify annually your eligibility to receive pension benefits as provided in Section 2-527(m) of the City of Gainesville Code of Ordinances.

It is a crime for a person willfully and knowingly to make any false, fraudulent or misleading oral or written statement or withholds or conceals material information to obtain any benefit available under this plan.

Robert T Nielsen Signature of Member 9-21-11 Date

State of Florida
 County of Alachua
 The foregoing instrument was acknowledged before me this 21 day of September (month), 2011 (year), by Robert Nielsen (name of person acknowledging).
Lynda R. Hanskat (Signature of Notary) (Seal of Notary)
LYNDA R HANSKAT (name of Notary, printed, typed, or stamped)



Personally known OR produced identification Type of identification produced

REVIEWED BY:
Walter Brantlin
 Department Head

Robert E. Jensen
 Special Authority

Disability Review Committee Recommendation:

Ross Spalber
 City Manager
 Disability Review Committee

Approve Deny
 (Circle one)
10/30/12
 Date of Meeting

City Commission Action:

 Mayor

Approval Denial
 (Circle one)