

XCEL ENERGY RETIREMENT REQUEST FORM TO LOCAL UNION 160

LAST NAME	FIRST NAME	INITIAL
EMPLOYEE ID		
RETIREMENT DATE	DATE SUBMITTED TO UNION	
/ /		
DATE OF BIRTH		
/ /		
SPOUSE NAME		
SPOUSE DATE OF BIRTH		
/ /		
STREET ADDRESS		
CITY	STATE	ZIP CODE
DAYTIME PHONE #		
VACATION OUT DATES(IF ANY)/OTHER:		

Signature: _____