

**XCEL ENERGY RETIREMENT REQUEST FORM  
TO LOCAL UNION 160**

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

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