

ELECTRONIC AND SPACE TECHNICIANS



LOCAL # 1553

Retirement Plaque Request Form

*(Plaques **must be ordered a minimum of one week** prior to employee's retirement.)*

*(The member **must be in good standing** at the time of retirement.)*

Name to be engraved on plaque: _____
(Print clearly, and check spelling of name. The name will appear as written above)

Payroll Number: _____

Date Of Retirement: _____

Retiree's Address: _____

Department Steward: _____

Senior Steward: _____

**Return to Steward Or mail to: E.A.S.T. Local 1553
13144 Prairie Avenue
Hawthorne, CA. 90250-5399**

For office use only _____

Secretary please note if member is a 20 year member and eligible for retirement watch **Yes** ()
No ()