



PROCLAMATION REQUEST FORM

Name:	
Department:	
Title at time of Retirement:	
Date Started with Present Department:	
Date Started with County/Organization:	
Years Served:	
Date of Retirement:	Date of Retirement Party (Executive Board Liaison to Attend):
Date of Presentation:	
Date Proclamation Needed: <i>(Please allow two weeks to process)</i>	
Member of AME Unit Board or AME Committees:	
Name of Person Requesting Proclamation and Daytime Phone Number:	
Proclamation must be picked up at AME Headquarters: 30 Orville Drive, Suite A, Bohemia, New York, 11716	

* If you would just like a Retirement Certificate (Employees name only)
Please Check here: