



PHASED IN RETIREMENT APPLICATION:

Employee Name: _____

Employee ID #: _____

Store #: _____

I wish to apply for the “Phased In Retirement” Option, commencing on

Date: _____ Signature: _____

Please fax to the Safeway Human Resources Department at (403) 730-3925.

CC
ufcw@ufcw401.ab.ca
hrservicecentre@sobeys.com