

RETIREMENT PLAQUE ORDER FORM

Request Date: _____

Employee Name _____

Employee Number _____

Contact Person _____ Ext. _____ Date Needed _____
(Who to contact when plaque is ready)

INSTRUCTIONS: Please complete below exactly how Employee would like to see on plaque. (TYPE ALL REQUESTED INFORMATION.)

***EMAIL or FAX COMPLETED FORM TO: Marissa Mertes, mertes1, Ext. 2-4842, FAX 2-8287**

Lawrence
Livermore National
Laboratory

NAME (Exactly As Employee Would Like To See On Plaque)

/_____
YEAR OF EMPLOYMENT / YEAR OF TERMINATION

*“IN APPRECIATION OF YOUR
CONTRIBUTIONS ON BEHALF OF”*

DIVISION/DEPARTMENT/PROGRAM NAME
(Exactly As Employee Would Like To See On Plaque)

**PLEASE ALLOW A MINIMUM OF 2 WEEKS ON PROCESSING YOUR
RETIREMENT PLAQUE ORDER**

Received by: _____

Date: _____