

# **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 COMPLETED FORM TO: Marissa Mertes, mertes1, Ext. 2-4842**

Lawrence  
Livermore National  
Laboratory

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

\_\_\_\_\_  
YEAR OF EMPLOYMENT / YEAR OF RETIREMENT

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

\_\_\_\_\_  
DIVISION/DEPARTMENT/PROGRAM NAME  
(How Employee Would Like To See On Plaque)

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

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Employee Number: \_\_\_\_\_