

# NEW ORLEANS FIREMEN'S PENSION & RELIEF FUND

## Annual Leave Allocation Form

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

I \_\_\_\_\_, do hereby allocate the use of \_\_\_\_\_  
days of my accumulated Annual Leave to be used in my pension calculation. I understand these  
Annual Leave days will be permanently deducted from my total number of Annual Leave days.  
**Due to issues with the City of New Orleans this will be an irrevocable decision.**

\_\_\_\_\_  
Signature