

SAFEWAY COMPANIES EMPLOYEE ASSOCIATION
PORTLAND DIVISION
www.onlinescea.com

Revised February 2010



RETIREMENT GIFT REQUEST FORM

Date: _____ Print your name: _____

Please check: _____ I am the SCEA Advisor
_____ I am the Assistant SCEA Advisor
_____ Other (explain) _____

Store or Facility # _____

Note: All gift are sent to the SCEA Advisor for presentation to the entitled SCEA Member.

Print SCEA Member's name: _____

Did you confirm the SCEA Member's current status?

Yes, the person is a member _____ (initial)

Unable to determine _____ (initial)

Date of Retirement: _____

Complete this form and FAX to SCEA Office # 503-557-4004

or use company mail: SCEA Office, Portland Division

Expect a two week turn-around time. For questions, please contact Jean @ 503-657-6265



For Office Use: Date Received: _____ Date Processed: _____ By: _____