

# US AIRWAYS RESCIND RETIREMENT/RESIGN NOTICE

Please submit to Employee Benefits Administration & Manager

Name: \_\_\_\_\_ Rescind Retirement Date \_\_\_\_\_

Employee Number: \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

I would like to rescind my original notice of retirement. I do not wish to retire/resign on above date, as originally requested.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please send this form to the Employee Benefits department via fax, mail or co mail as listed below. Please provide your supervisor/manager with a notice as well.

US Airways  
Employee Benefits/ CH-BEN  
4000 Sky Harbor Blvd  
Phoenix, AZ 85034

Fax: 480-693-8810