

APPLICATION FOR EARLY RETIREMENT TIOGA PUBLIC SCHOOL DISTRICT #15

Name: _____

Home Address: _____

Telephone #: _____

Date of Birth: _____

Position: _____

Effective date of resignation and early retirement is July 1, 20____ (yr).

Years of continuous service in Tioga School District immediately preceding the date of early retirement?

Calculation of Early Retirement Payment:

$$\frac{X}{\text{(Current Base Salary)}} = \frac{\text{}}{\text{(\%age factor)}} = \frac{\text{}}{\text{(Early Retirement Payment)}}$$

Payment Plan (circle and complete a, b, or c)

- a. Full amount of \$ _____ on _____, 20_____.
- b. _(number) equal installments of \$ _____ beginning on _____, 20_____.
- c. Convert to group health insurance beginning on October 1, 20_____. Any remaining amount to be paid in one lump sum payment.

I have read and am willing to comply with the provision of the School Board Policy on Early Retirement for Professional Staff Members. Further, upon approval by the School Board of this early retirement application, I agree that both parties shall enter into a contractually binding, written agreement which shall set forth all terms and conditions of my early retirement.

Date

Signature