

CLASSIFIED EMPLOYEE EARLY RETIREMENT APPLICATION

The undersigned classified employee is applying for early retirement pursuant to board policy 413.3, Classified Employee Early Retirement. Please complete the following information:

(Full Legal Name of Classified Employee) _____
(Social Security Number)

(Current Job Title) _____
(Date of Birth) _____
(Years of Service)

Please specify the date desired for payment of the early retirement benefit and the reason for the date if a date other than _____ of the year in which the undersigned classified employee retires is desired.

(Date) _____
(Reason for date other than _____)

Please attach a letter of resignation effective June thirtieth of the year in which the undersigned classified employee intends to retire.

The undersigned classified employee acknowledges that application and participation in the early retirement plan is entirely voluntary.

The undersigned classified employee acknowledges that the school district recommends that the classified employee contact legal counsel and the employee's own personal accountant regarding participation in the early retirement plan.

Should the classified employee die prior to full payment of an early retirement benefit, the classified employee designates either the following individual as beneficiary or the classified employee's estate.

____ Beneficiary _____ Estate

Beneficiary

Beneficiary Address

Classified Employee _____
Date

Witness _____
Date