

# Early Retirement Incentive Program (ERIP)

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## Retirement Enhancement Program Policy

### Overview

Voluntary separation/retirement programs are used by organizations that wish to enter into a mutually beneficial separation agreement with employees during times when the institution faces significant reductions in the budget. These programs allow for a smooth exit for those employees electing this option while enabling the organization to reduce the recurring salary expenditure. Enrollment is voluntary and is available to employees who qualify based on eligibility requirements. The program provides a separation incentive payment to the employee.

### Objective

This procedure will assist the University in the facilitation of a voluntary retirement enhancement program for eligible employees, providing them an attractive option for early separation or retirement while helping to meet the University's budget reduction plan.

### Program Outline

#### I. Eligibility

An employee must meet the following requirements to be eligible for the Retirement Enhancement Program.

1. Age 65 or older, as of June 30, 2010, and
2. Six or more years of active, continuous, creditable service in a faculty or staff benefits eligible position with the University of Florida as of November 23, 2009.

#### II. Exclusions

The following employees are excluded from participating in the Retirement Enhancement Program:

1. Employees who are participating in the Deferred Retirement Option Program (DROP).
2. Employees who have previously retired from the University of Florida.
3. Employees who have entered into an agreement with a predetermined employment end date prior to the program implementation start date (October 1, 2009).
4. Any employee who has received notice of termination, notice of non-renewal or cancellation of his or her employment.
5. OPS/temporary employees.

#### III. Program Details

##### 1. Enrollment Period

The enrollment period will run from October 1, 2009 through January 8, 2010.

##### 2. Enrollment Process

In order to complete the enrollment process, the employee must perform the following:

- a. Submit a completed enrollment form to Retirement Services, Human Resource Services, 903 West University Avenue, Gainesville Florida 32601 by 5:30 P.M. on or before January 8, 2010.

- b. Submit a signed letter to his or her supervisor on or before January 8, 2010, indicating the planned separation date with a copy to Human Resource Services. The employee separation date must be on or before June 30, 2010.
- c. Complete a Separation Agreement form and return a signed copy to Human Resource Services by 5:30 P.M. on or before January 8, 2010.

3. *Separation Agreement*

Any employee participating in the Retirement Enhancement Program must sign a Separation Agreement form releasing the University from any potential liability. This agreement must be submitted to Human Resource Services on or before January 8, 2010.

4. *Separation Process*

The department must complete the exit checklist which may be found online at: [http://www.hr.ufl.edu/emp\\_relations/forms/exit\\_checklist.pdf](http://www.hr.ufl.edu/emp_relations/forms/exit_checklist.pdf). In addition, the department is responsible for processing an ePAF for the employee's separation and any applicable leave payments after separation in accordance with applicable University policies and procedures.

The employee does not have to formally retire from the University; however his or her separation date from the University must be on or before June 30, 2010. The employee does need to perform the following:

- a. Resolve the payment of any outstanding debts, including wage overpayments, owed to the University before his or her last date of employment.
- b. Return all UF property before his or her last date of employment.

5. *Separation Incentive Payment (Lump-Sum)*

The lump-sum payment will be determined as follows:

- a. For 9 and 10-month faculty and staff, the lump-sum payment will be equivalent to the current base annual salary and FTE of the employee, less applicable employment taxes and deductions.
- b. For 12-month faculty and staff, the lump-sum payment will be equivalent to the current base annual salary and FTE of the employee, less applicable employment taxes and deductions.

No retirement contribution will be made by the University on the Separation Incentive Payment (SIP). The SIP will also not include any health insurance or other employer paid benefit.

Subsequent to the separation from the University, the employee will receive a vacation and/or sick leave payment in accordance with applicable University regulations and policies and Collective Bargaining Agreements that are in place on the date of separation.

6. *Employment Restrictions*

An employee participating in the Retirement Enhancement Program is prohibited from being rehired into a salaried/benefits eligible faculty or staff position. A participant may be rehired in a temporary, non-benefit eligible capacity such as OPS or adjunct faculty with the approval of the appropriate Vice President over the area and the Vice President for Human Resource Services.



## University of Florida Retirement Enhancement Program

### Frequently Asked Questions

#### **1. What is the Retirement Enhancement Program?**

It is a program offered to eligible faculty and staff that provides an incentive payment for employees if they elect to separate from the University of Florida within the 2009-10 fiscal year. Enrollment in the program is voluntary and is available to employees who qualify based on the specific eligibility requirements outlined in the enclosed policy.

#### **2. When can I take advantage of the program?**

You may enroll beginning October 1, 2009. The deadline for completion of the enrollment form and the Separation Agreement is January 8, 2010.

#### **3. Do I need to actually retire from the University to participate in the program?**

No, but you must separate from the University on or before June 30, 2010.

#### **4. What is the earliest date that I can separate from the University as part of this program?**

The earliest date that you can separate under this plan is November 23, 2009 or eight days after you sign the Separation Agreement, whichever is later.

#### **5. What payment(s) will the employee receive upon separating from the University through the Retirement Enhancement Program?**

The payment(s) will be determined as follows:

- a. For 9 and 10-month Faculty and Staff, the separation incentive payment will be equivalent to the current 9 or 10-month base salary, less applicable employment taxes and deductions. For 12-month Faculty and Staff, the separation incentive payment will be equivalent to the current 12-month base salary, less applicable employment taxes and deductions. This payment will be subject to any Collective Bargaining Agreements in place as of the employee separation date.
- b. The employee may also receive vacation and/or sick leave payout in accordance with University regulations and policies and any Collective Bargaining Agreements in place as of the employee separation date. If applicable, the employee will receive the vacation and/or sick leave payout subsequent to separation from the University.

#### **6. What are the tax implications of the incentive payment for the Retirement Enhancement Program?**

The separation incentive payment will be considered ordinary income and wages for tax purposes, and you will pay the applicable FICA and Federal income tax withholding on that amount. If you choose to defer a portion of the separation incentive payment into a 403(b) or 457 retirement plan through payroll deduction, the University will not withhold Federal income tax on this amount. You will, however, pay FICA taxes, if you have not reached your maximum wage base earnings for the calendar year in which you receive the payment from the University.

**7. May I defer a portion or all of the lump sum payment money?**

Yes, you may defer up to the 402(g) and 415 annual limits for the calendar year to a 403(b) and/or a 457 account. The limits may be found online at :  
<http://www.hr.ufl.edu/retirement/voluntary/annuities.asp#limits>

**8. When will I receive my salary incentive payment?**

You will receive your payment within 30 days of your separation date.

**9. Will my participation in the Retirement Enhancement Program impact my payment for unused leave?**

No, any payment of unused sick and/or vacation leave that you would otherwise be eligible to receive will be handled using the policy and process in place as of the employee separation date. This process can be found via the following web site:  
<http://www.hr.ufl.edu/retirement/other/specialpayplan.asp#rspp>

**10. Can an employee who separates from the University through the Retirement Enhancement Program be rehired by the University?**

Under certain circumstances, and with the approval of the appropriate Vice President over the area and the Vice President for Human Resource Services, a participant may be rehired in a temporary non-benefit eligible position such as OPS or Adjunct Faculty. Please note that the Florida Retirement System has limitations related to the rehiring of retirees. Additional information may be found under FRS Legislation Update via <http://www.hr.ufl.edu/infogator/2009/july/expanded.htm#fris>

**11. Can I change my mind once I complete the enrollment form and sign the Separation Agreement?**

Yes. You will have seven days from the date you sign the Separation Agreement to revoke your decision. You must submit the revocation in writing to Retirement Services in Human Resource Services within seven days of that date.

**12. Do I need to take any action if I do not want to enroll in the Retirement Enhancement Program?**

No. An eligible employee that does not complete and submit the required forms by the deadline of January 8, 2010, will be considered to have declined participation in the program.

**13. If I voluntarily or involuntarily separate from the University before my agreed upon separation date, will I still be eligible for the separation incentive payment?**

No. If you leave the University for any reason before the agreed upon separation date, you will not be entitled to the incentive payment.



September 22, 2009

MEMORANDUM

To: Vice Presidents and Deans

From: Paula Varnes Fussell, Vice President for Human Resource Services *PVF*

Subject: UF Retirement Enhancement Program

As you know, the University experienced a budget reduction of more than \$72 million in recurring funds for the fiscal year 2009-2010. The final budget reduction plan, which began July 1, 2009, was approved by the Board of Trustees in May. This plan included \$30.6 million in specific cuts plus additional cuts to come from administrative and university-wide initiatives, as well as other yet to be identified reductions.

Over the summer, several university-wide initiatives which could be used to cover the budget reductions were reviewed. A voluntary retirement program emerged as a potential initiative for consideration. As a result, we are launching a Retirement Enhancement Program for eligible faculty and staff, beginning this fall. This program allows eligible employees to consider an additional option for separating from the University. Enrollment in the program is voluntary and is available to employees who meet the specific eligibility requirements outlined in the enclosed policy. As an incentive, the program will provide a lump-sum payment of one-year of their current annual base salary (less applicable employment taxes and deductions) upon separation.

The following information is being provided to assist you with this program. Please review and become familiar with the eligibility criteria and the program guidelines and restrictions.

- Retirement Enhancement Program Policy
- Frequently Asked Questions
- Employee notification letter
- Sample enrollment form
- Separation Agreement

We have also prepared the enclosed list of faculty and/or staff in your area who appear to be eligible for enrollment in the program. Please notify Human Resource Services immediately if you have questions about the eligibility of any employee on the list. Human Resource Services will begin notifying these employees of their eligibility for the program by mail within the next few days. The ability for in-unit faculty and staff to participate in this program is contingent upon reaching agreement with the appropriate unions. At this time, we do not have agreement

University of Florida, Office of Human Resource Services  
P.O. Box 115000, Gainesville, Florida 32611-5000 ♦ (352) 392-2HRS ♦ [human-resources@ufl.edu](mailto:human-resources@ufl.edu)  
[www.hr.ufl.edu](http://www.hr.ufl.edu)

**UNIVERSITY OF FLORIDA**

Memorandum to Vice Presidents and Deans

<http://web.uflib.ufl.edu/pers/VPandDeanmemorandum.docx>

from UFF regarding the ability to offer this program to in-unit faculty. We hope that they will agree in the near future.

Human Resource Services will notify you if any of the eligible employees in your area elect to enroll in the program so that you may coordinate their resignation dates with them as well as any other logistics regarding their separation from the University.

Please share this information with the appropriate individuals in your area. If you have any questions about the Retirement Enhancement Program, please contact me at (352) 392-1075 or [pvarnes@ufl.edu](mailto:pvarnes@ufl.edu) or Mary Alice Albritton at (352) 273-1798 or [maryal@ufl.edu](mailto:maryal@ufl.edu).

Enclosures

University of Florida, Office of Human Resource Services  
P.O. Box 115000, Gainesville, Florida 32611-5000 ♦ (352) 392-2HRS ♦ [human-resources@ufl.edu](mailto:human-resources@ufl.edu)  
[www.hr.ufl.edu](http://www.hr.ufl.edu)



**University of Florida Retirement Enhancement Program Enrollment Form  
Enrollment Period ends January 8, 2010**

To enroll in the program, you must submit a completed enrollment form to Retirement Services in Human Resource Services, PO Box 115005, Gainesville Florida 32611. It is the employee's responsibility to ensure that this form is received by Human Resource Services by 5:30 P.M. Friday, January 8, 2010.
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Employee Name:	
Employee UF ID:	College:
Job Title:	Email address:
Work Telephone:	Home Telephone:
Department name:	
Supervisor Name:	

I am requesting enrollment in the UF Voluntary Separation Program.

I understand that: \*

1. As of June 30, 2010, I must be at least 65 years of age.
2. As of November 23, 2009, I must have at least six years of active, continuous, creditable service in an eligible position with the University of Florida.
3. My enrollment in this program is voluntary.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Eligibility Certification: \_\_\_\_\_ Date: \_\_\_\_\_

(Eligibility Certification to be completed by Human Resource Services)

\*Please note that to qualify for the program, an employee must notify his or her department in writing (with a copy to Human Resource Services) by January 8, 2010, of his or her intention to separate from the University. The date the employee agrees to separate from the University must be on or before June 30, 2010. A signed Separation Agreement form must also be submitted to Human Resource Services on or before January 8, 2010.





**Eligible Employee Notification Letter**

September 24, 2009

Dear UF Colleague:

I am writing to inform you that you may be eligible for a special Retirement Enhancement Program at the University of Florida. This program provides an attractive incentive for employees to consider if they elect to separate from the University of Florida on or before June 30, 2010. Enrollment in the program is voluntary and is available to employees who qualify based on the specific eligibility requirements outlined in the enclosed policy.

As an eligible employee, I encourage you to read the enclosed information carefully so you can determine if this program is a viable option for you. Please note there is a limited window of opportunity to take advantage of this program since the enrollment period for the program ends on Friday, January 8, 2010. In addition, we anticipate that this program will not be offered in subsequent years.

Enclosed is a copy of the program policy details and a frequently asked questions document that I hope will assist you with your decision. In addition, we will be offering information sessions regarding this program on the following dates:

10/1/09 2-4 p.m. Brain Institute LG101A (DeWeese Auditorium)

10/9/09 2-4 p.m. Human Resource Services Training Room 120

10/20/09 2-4 p.m. J. Wayne Reitz Union Room 287

If you elect to enroll in this program, please complete the enclosed enrollment and separation agreement forms and send them to Human Resource Services on or before 5:30 P.M Friday, January 8, 2010.

If you have questions about the Retirement Enhancement Program, including retirement options, please contact University Retirement at (352) 392-2477 or [retirement@ufl.edu](mailto:retirement@ufl.edu).

Sincerely,

A handwritten signature in black ink that reads 'Paula Varnes Fussell'.

Paula Varnes Fussell  
Vice President for Human Resource Services

Enclosures: Program Policy  
Frequently Asked Questions  
Enrollment Form  
Separation Agreement Form  
Exhibit A: Age Discrimination in Employment Act Disclosure

University of Florida, Office of Human Resource Services  
P.O. Box 115000, Gainesville, Florida 32611-5000 ♦ (352) 392-2HRS ♦ [human-resources@ufl.edu](mailto:human-resources@ufl.edu) [www.hr.ufl.edu](http://www.hr.ufl.edu)

## UF Retirement Enhancement Program

### Separation Agreement and Release

This Agreement and Release is between the University of Florida Board of Trustees (UF) and the undersigned employee, the Parties to this Agreement and Release. For and in consideration of the mutual promises and covenants expressed herein:

- 1) On or before October 1, 2009, UF notified me that I was eligible to enroll in the UF Retirement Enhancement Program (the "Program"). I acknowledge receipt of the description of the Program, and I understand the benefits available through the Program. In a timely manner, I voluntarily enrolled in the Program. The acceptance of my Enrollment Form and my participation in the Program are conditioned upon my execution of this Agreement and Release. I hereby voluntarily execute, and freely deliver this Agreement and Release to UF. In consideration of the benefits I will receive, as outlined in paragraph 4 of this Agreement and Release, I hereby agree to be bound by all of the terms of this Agreement and Release.
- 2) Effective \_\_\_\_\_, (Separation Date – must be on or before June 30, 2010), I hereby voluntarily and irrevocably resign as an employee at UF, including, if applicable, voluntarily and irrevocably relinquishing my tenure, if any, as a faculty member at UF.
- 3) In consideration for my voluntary decision to resign, which is further evidenced by the release and waiver included in paragraph 5 below, UF shall make the Separation Incentive payment described in paragraph 4 below.
- 4) UF shall make a Separation Incentive Payment (SIP) in the amount of one year of my current base annual salary, less applicable taxes and deductions. My acceptance of the SIP payment shall constitute my acceptance of the accuracy of the calculation of the amount of the SIP payment. This payment will be made by depositing the SIP check with the U.S. postal service (addressed to my address set forth below my signature) or making a direct deposit to the account where my paychecks are deposited, no later than four weeks after the Separation Date. The SIP payment will have no effect on the calculation of my retirement benefits.
- 5) This Agreement and Release are entered into voluntarily at a time of budget reductions and not in response to any matter between the Parties. As consideration for the SIP payment provided for in this Agreement and Release, I on behalf of myself and my heirs, executors, attorneys, administrators, and assigns, hereby release, acquit, remise and forever discharge all of the past, present and future trustees, officers, employees, agents, members, servants, public officials, independent contractors, insurers, benefits plans, third party administrators, attorneys and legal representatives of the University of

Florida Board of Trustees and the Florida Board of Governors from all claims; demands; expenses; costs; attorneys and expert fees; causes of action; recoveries; relief; penalties; direct, special, exemplary, punitive, liquidated, consequential and all other monetary or other damages whatsoever; and liabilities of every kind and on any basis whatsoever, and waive all of my rights of every kind and on any basis whatsoever, whether known or unknown, fixed or contingent, direct or indirect, based on or arising under contracts, tort (of negligence, intent, or other), common law, equity, statute, regulation, constitution, strict or special liability, warranty or on any other basis, or of any other kind, that I have or may have as of or through the date of execution of this Agreement and Release (collectively and individually "Claims"). These released and waived Claims include but are not limited to claims arising under the Age Discrimination in Employment Act, 29 U.S.C. Section 621 *et seq.*, as amended by the Older Worker's Benefit Protection Act of 1990 or any other federal or state law relating to discrimination in employment based upon age; the Family and Medical Leave Act; the Equal Pay Act; the Americans with Disabilities Act; the Rehabilitation Act; Florida and Federal Civil Rights Acts; False Claims Act; and the Fair Labor Standards Act. I understand that nothing in this Agreement and Release prevents me from filing a charge, cooperating with or participating in any proceeding before the Equal Employment Opportunity Commission or a state or local fair employment practices agency, but I acknowledge I may not recover monetary damages in connection with any such claim, charge, or proceeding. I do not release any claim, demand, or cause of action that may arise after the date of execution of this Agreement and Release or that law absolutely prohibits me to even voluntarily waive.

Upon entering into this Agreement and Release, I waive the right to any future re-employment by UF and to participate in any phased retirement program.

- 6) I acknowledge that I have sixty-days beginning October 1, 2009 and ending at 5:30 pm on January 8, 2010, to consider whether or not to enter into this Agreement and Release.
- 7) If I do not enter into this Agreement and Release by signing and returning it to Retirement Services in Human Resource Services, PO Box 115005, 903 West University Avenue, Gainesville, Florida 32611 by 5:30 pm on January 8, 2010, the offer to participate in the Program will expire and I will no longer have the opportunity to enter into this Agreement and Release or to participate in the Program.
- 8) I understand that I may revoke this Agreement and Release until seven (7) days after I execute this Agreement and Release—but only as provided in this paragraph. To revoke this Agreement and Release, I must deliver to Retirement Services in Human Resource Services, PO Box 115005, 903 West University Avenue, Gainesville, Florida 32611, on or before 5:30 P.M. of the seventh calendar day after the day on which I execute this Agreement and Release, my written notice that I am revoking this Agreement and

Release. If I enter into and do not timely revoke this Agreement and Release in the manner provided in this paragraph 8, this Agreement and Release will remain in effect.

- 9) The terms of this Agreement and Release shall be construed and governed according to the laws of the State of Florida for all purposes, without giving effect to any Florida law governing choice of law.
- 10) This Agreement and Release may not be amended or terminated except by an instrument in writing executed by the Parties hereto or their authorized representatives. Its provisions are severable. If any part of this Agreement and Release is found to be unenforceable, the remainder of the Agreement and Release will continue to be valid and effective, except that the payment made under paragraph 4 shall not be owed unless the release and waiver in paragraph 5 are enforceable. The release and waiver are central consideration for the payment.
- 11) This Agreement and Release is not assignable.
- 12) This Agreement and Release constitutes the sole and exclusive agreement of the Parties with respect to the subject matter addressed and supersedes any prior or simultaneous written or oral understandings or agreements respecting the subject matter addressed. Forbearance or indulgence by any party in any regard shall not constitute a waiver of any term or provision of this Agreement and Release. No waiver shall be binding unless it is specific and executed in writing by the Party making the waiver.
- 13) This Agreement and Release shall become effective the first business day following the revocation period described in paragraph 8, unless I revoke this Agreement and Release in accordance with the requirements of paragraph 8.
- 14) I acknowledge and reaffirm my obligation to return all UF property and records and to keep confidential all non-public information concerning students, employees, patients, research, and other matters at UF that I acquired during the course of my employment with UF, including without limitation the obligations of confidentiality set forth in UF's Intellectual Property Policy. I also confirm that I have kept intact and returned to UF all electronic records.
- 15) I agree that after my resignation from UF, I will provide UF all reasonable cooperation to assist in transitioning my job duties and to assist in any legal or administrative matters relevant to me or for which I may have knowledge. I will perform any other transition tasks as reasonably requested by UF.
- 16) I affirm that: (a) the only consideration for signing this Agreement and Release is set forth above in Paragraph 4, (b) no other promise, representation, or agreement of any kind has been made by any person or entity to cause or induce me to sign this Agreement and Release, (c) I fully understand the meaning of this Agreement and

Release, including its final and binding effect, and freely and voluntarily assent to all of the terms and conditions hereof, and (d) I sign my name of my own free act. I state and represent that I have had an opportunity to fully discuss and review the terms of this Agreement and Release, including Exhibit I, with an attorney of my choosing.

17) I acknowledge that I have been given a schedule of (i) all classes, units, or groups of individuals eligible for this Program, any eligibility factors for this Program, and any time limits applicable to this Program; (ii) the job titles and ages of all individuals eligible or selected for this Program, and (iii) the ages of all individuals in the same job classification or organizational unit who are not eligible or who were not selected for this Program. This schedule is incorporated in Exhibit A to this Agreement and Release.

18) I also acknowledge that I have been advised in writing by UF to consult with an attorney in regard to whether to enter into this Agreement and Release. I acknowledge and understand that I have had at least 45 days from the date (indicated in paragraph 1) on which this Agreement and Release was delivered to me, to consider whether to sign this Agreement and Release. If I sign this Agreement and Release, whether or not before the expiration of those 45 days, it is because I freely choose to do so.

19) Finally, as described in more detail in paragraph 8, I have 7 days from the date I sign this Agreement and Release to change my mind and revoke this Agreement and Release, upon which event I will be excluded from the Program and will be ineligible for any benefits provided under the Program. I understand and agree that by entering into this Agreement and Release I am releasing and waiving any and all rights and claims I might have under the Age Discrimination in Employment Act, as amended by the Older Workers Benefit Protection Act, and that I have received consideration beyond that to which I was previously entitled.

**Employee:**

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Home Mailing Address:

\_\_\_\_\_

**University of Florida Board of Trustees**

**By:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

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

IOWA STATE UNIVERSITY INDEX A B C D E F G H I J K L M N O P Q R S T U V W X Y Z  
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Current Employees  
ISU Departments  
Job Seekers  
New Employees  
Retirees

## Benefits

Iowa State University  
2010 Retirement Incentive Option 3 Program (RIO3)

[RIO3 Questions and Answers](#)  
[Retirement Incentive Option 3 Application form](#)  
[General Terms and Conditions](#)

- 1. Eligibility**

Any current Iowa State University employee\* who has completed ten (10) years of paid employment and is fifty-five (55) years of age or older at time of retirement but no later than December 31, 2010 will be eligible to apply. Employees must file an application by August 1, 2010, and fully retire no later than December 31, 2010. Employees on federal retirement programs are subject to the separate retirement program provided for such employees.

Employees who have applied for, or have been approved for RIO2, but have not yet retired, may be considered for RIO3, subject to review and approval by the employee's department/college.
- 2. Application Process and Approval Requirements for Retirement Incentive Option 3**

Any eligible employee may apply for the Retirement Incentive Option 3 Program by completing the 2010 Retirement Incentive Option 3 Application form. The request is voluntary and initiated by the employee. The application is subject to review and approval by the respective supervisor/department chair/director/dean and vice president. Applicants will be notified as to the status of their request for the Retirement Incentive Option 3 Program no later than 30 calendar days following submission of the application.
- 3. Incentive Benefit**

Upon retirement, the applicant will receive the incentive option elected in the application; either:

  - 1. Health and dental insurance coverage based on current health and dental elections for a period of five (5) years after retirement. The university will pay the employer and employee shares of health and dental insurance up to the employee and spouse/domestic partner rate (ISU HMO and PPO health programs) and up to the employee and family rate (State of Iowa health programs).**

Employees less than age 60 when approved for RIO3 will receive health and dental benefits as outlined. Upon completion of five (5) years of university paid benefits, participants may be allowed to continue health and dental benefits under health retirement plans available to retirees. Participants will pay normal retirees rates.

Employees age 60 or over when approved for RIO3 will receive five (5) years of university paid health and dental benefits. Upon eligibility for Medicare, the university will continue to pay health and dental premiums at the retiree health and dental insurance rates for the balance of the 5-year period (if any).

Employees in the ISU HMO and PPO programs with additional dependents (in addition to spouse/domestic partner) will be provided the opportunity to make additional contributions to obtain family coverage for them.
  - OR**
  - 2. Employer contributions to a Defined Contribution retirement plan. Employees participating in the University's Defined Contribution Retirement Plan (TIAA-CREF or VALIC), in lieu of receiving the 5-year medical benefit, may request to receive the employer contributions (10%) to the retirement plan for a period of 5-years following retirement. The employer contribution (10%) will be based upon the employee's budgeted salary as of the date of retirement (if faculty and approved for FISIP, the FISIP increment is excluded for purposes of the Phased Plus Retirement Program).**

Employees in IPERS or Federal Retirement Programs may not elect this option.

Employees who elect the incentive option of employer contributions to a defined contribution retirement plan may be eligible to participate in the university's retiree medical plan. There are no university contributions to the retiree medical plan.

In the event of the employee's death, the university's obligation to pay the cost of the health and dental coverage or the employer's contribution to a retirement plan will cease on the first day of the month following the date of death. The employee's surviving spouse or dependent(s) may elect to continue available health coverage as provided by other university policies or by law.

\*Eligible Employee defined as 1/3rd time appointment or greater as of December 31, 2010/Faculty.



Iowa State University

***2010 Retirement Incentive Option 3 Program (RIO3)***

**General Terms and Conditions**

**1. Eligibility**

Any current Iowa State University employee\* who has completed ten (10) years of paid employment and is fifty-five (55) years of age or older at time of retirement but no later than December 31, 2010 will be eligible to apply. Employees must file an application by August 1, 2010, and fully retire no later than December 31, 2010. Employees on federal retirement programs are subject to the separate retirement program provided for such employees.

Employees who have applied for, or have been approved for RIO2, but have not yet retired, may be considered for RIO3, subject to review and approval by the employee's department/college.

**2. Application Process and Approval Requirements for Retirement Incentive Option 3**

Any eligible employee may apply for the Retirement Incentive Option 3 Program by completing the 2010 Retirement Incentive Option 3 Application form. The request is voluntary and initiated by the employee. The application is subject to review and approval by the respective supervisor/department chair/director/dean and vice president. Applicants will be notified as to the status of their request for the Retirement Incentive Option 3 Program no later than 30 calendar days following submission of the application.

**3. Incentive Benefit**

Upon retirement, the applicant will receive the incentive option elected in the application; either:

- I. Health and dental insurance coverage based on current health and dental elections for a period of five (5) years after retirement. The university will pay the employer and employee shares of health and dental insurance up to the employee and spouse/domestic partner rate (ISU HMO and PPO health programs) and up to the employee and family rate (State of Iowa health programs).

Employees less than age 60 when approved for RIO3 will receive health and dental benefits as outlined. Upon completion of five (5) years of university paid benefits, participants may be allowed to continue health and dental benefits under health retirement plans available to retirees. Participants will pay normal retirees rates.

Employees age 60 or over when approved for RIO3 will receive five (5) years of university paid health and dental benefits. Upon eligibility for Medicare, the university will continue to pay health and dental premiums at the retiree health and dental insurance rates for the balance of the 5-year period (if any).

Employees in the ISU HMO and PPO programs with additional dependents (in addition to spouse/domestic partner) will be provided the opportunity to make additional contributions to obtain family coverage for them.

**OR**

2. Employer contributions to a Defined Contribution retirement plan. Employees participating in the University's Defined Contribution Retirement Plan (TIAA-CREF or VALIC), in lieu of receiving the 5-year medical benefit, may request to receive the employer contributions (10%) to the retirement plan for a period of 5-years following retirement. The employer contribution (10%) will be based upon the employee's budgeted salary as of the date of retirement (if faculty and approved for FISIP, the FISIP increment is excluded for purposes of the Phased Plus Retirement Program).

Employees in IPERS or Federal Retirement Programs may not elect this option.

Employees who elect the incentive option of employer contributions to a defined contribution retirement plan may be eligible to participate in the university's retiree medical plan. There are no university contributions to the retiree medical plan.

In the event of the employee's death, the university's obligation to pay the cost of the health and dental coverage or the employer's contribution to a retirement plan will cease on the first day of the month following the date of death. The employee's surviving spouse or dependent(s) may elect to continue available health coverage as provided by other university policies or by law.

\*Eligible Employee – defined as 1/3<sup>rd</sup> time appointment or greater as of December 31, 2010 (Faculty, Professional and Scientific and Supervisory Merit) or 1/2 time appointment (Non-Supervisory Merit).

Rev. 2 5/4/2010



**Retirement Incentive Option 3 Program (RIO3)  
Questions and Answers**

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**Questions on Eligibility**

***Q1      What are the general provisions of the Retirement Incentive Option 3 (RIO3) program?***

- A1
  - The Retirement Incentive Option 3 Program will provide approved applicants with a choice of either 5 years of employer-paid health and dental coverage, or 5 years of employer contributions to the defined contribution retirement plan (TIAA-CREF or VALIC).
  - RIO3 is available to current ISU employees with 10 years of paid employment (on or before December 31, 2010) and who are age 55 or older (on or before December 31, 2010). There is a separate eligibility requirement for Extension employees on federal retirement programs.
  - The last day to apply for RIO3 is August 1, 2010.
  - Eligible employees approved for the program will need to fully retire no later than December 31, 2010.
  - An eligible employee is defined as 1/3<sup>rd</sup> time appointment or greater as of December 31, 2010 (Faculty, Professional and Scientific and Supervisory Merit) or ½ time appointment (Non-Supervisory Merit).

***Q2      Am I eligible for the Retirement Incentive Option 3 Program?***

- A2      You will be eligible to apply if you are age 55 or older on or before December 31, 2010 and have 10 years of paid employment as an Iowa State employee on or before December 31, 2010. Ten years of paid employment needs to be as a Faculty, Professional and Scientific, Supervisory Merit, or Non-Supervisory Merit employee.

***Q3      Do my years of paid employment need to be consecutive?***

- A3      No. However you must have a total of 10 years of paid employment at Iowa State University to be eligible.

***Q4      I am currently approved under the Retirement Incentive Option 2 Program. Can I elect to participate in the Retirement Incentive Option 3 Program instead?***

- A4      You should have a conversation with your college/department if you are currently approved for RIO2, but have not yet retired. All requests for retirement are subject to college/department approval.

If you have already fully retired under a previous retirement incentive program, you are not eligible for consideration under RIO3.

***Q5      If I elect and am approved for the Retirement Incentive Option 3 Program, when do I have to retire?***

- A5      If you apply and are approved for the Retirement Incentive Option 3 Program, you will need to fully retire no later than December 31, 2010.

**Retirement Incentive Option 3 Program (RIO3)  
Questions and Answers**

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**Q6** *I turn age 55 before December 31, 2010. Can I apply for the Retirement Incentive Option 3 Program?*

A6 Yes. You will be eligible to apply if you are age 55 or older on or before December 31, 2010 and have 10 years of paid employment as an Iowa State employee on or before December 31, 2010. Ten years of paid employment needs to be as a Faculty, Professional and Scientific, Supervisory Merit, or Non-Supervisory Merit employee.

**Q7** *Will this incentive program be on-going?*

A7 No. The Retirement Incentive Option 3 Program is available for a limited time. You must apply by August 1, 2010 and if approved retire no later than December 31, 2010.

**Q8** *I'm currently participating in the existing Board of Regents Phased Retirement Program. Can I apply for the Retirement Incentive Option 3 Program?*

A8 Employees currently on the Board of Regents Phased Retirement Program can apply for the Retirement Incentive Option 3 Program. If approved, your current participation in Phased Retirement will terminate.

**Q9** *I'm an Extension employee on a Federal Retirement Program. Can I apply for the Retirement Incentive Option 3 Program?*

A9 Yes. Eligible Extension employees on Federal Retirement Programs can participate. However, Extension employees will only have the incentive option of five years of health and dental insurance coverage. Employer contributions to a federal retirement plan will not be available.

**Q10** *If I apply for the Retirement Incentive Option 3 Program, can I rescind my request at a later date?*

A10 The request and approval are binding once they have been approved.

**Questions on Applying for Retirement Incentive Option 3 Program**

**Q11** *What is the last date that I can apply for the Retirement Incentive Option 3 Program?*

A11 The last day to apply for the Retirement Incentive Option 3 Program is August 1, 2010.

**Q12** *What is the process to apply for the Retirement Incentive Option 3 Program?*

A12 You will need to complete an application form that is available on the Human Resources Benefits web site. Complete the application and return it to your college/department.

**Retirement Incentive Option 3 Program (RIO3)  
Questions and Answers**

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**Q13**      *If I apply for RIO3, is my request to retire subject to approval?*

A13      An application for the Retirement Incentive Option 3 Program is subject to review and approval by your department chair/director and your dean or vice president.

**Q14**      *How will I be notified if my application is approved?*

A14      You should receive a communication regarding the status of your application within 30 days of submitting.

If your application is approved, you will receive a confirmation letter from Human Resource Services along with a copy of your application. The letter will outline ISU's commitment for either five years of health and dental insurance coverage paid by the university, or five years of employer contributions to a defined contribution retirement plan.

If your application is not approved, you will be notified by your college or department.

**Questions on Benefits**

**Q15**      *If I elect and am approved for the Retirement Incentive Option 3 Program, what benefits will I receive?*

A15      Upon retirement, you will receive one of two incentives based upon the election in your application:

1. University-paid health and dental insurance coverage based on current health and dental elections as of the date your application for the Retirement Incentive Option 3 Application is approved for a period of five (5) years after retirement. The university will pay the employer and employee shares of health and dental insurance up to the employee and spouse/domestic partner rate (ISU HMO and PPO health programs) and up to the employee and family rate (State of Iowa health programs). If and when an employee is eligible for Medicare, the university will continue to pay health and dental premiums at the retiree health and dental insurance rates for the balance of the 5-year period (if any). If you are an employee in the ISU HMO or PPO program with additional dependents (in addition to spouse/domestic partner) you will be provided the opportunity to make additional contributions to obtain family coverage for them.

**OR**

- Employer contributions to a defined contribution retirement plan for five (5) years after the date of retirement. Employees participating in the University's Defined Contribution Retirement Plan (TIAA-

**Retirement Incentive Option 3 Program (RIO3)**  
**Questions and Answers**

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CREF or VALIC), in lieu of receiving the 5-year health and dental insurance coverage incentive, may request to receive the employer contributions (10%) to the retirement plan for a period of 5-years following retirement. The employer contribution (10%) will be based upon the employee's budgeted salary as of the date of retirement (if faculty and approved for FISIP, the FISIP increment is excluded for purposes of the Phased Plus Retirement Program).

Note: the option for retirement contributions is not available to employees enrolled in IPERS or Federal Retirement Programs.

In the event of the employee's death, the university's obligation to pay the cost of the health and dental coverage or the employer's contribution to a retirement plan will cease on the first day of the month following the date of death. The employee's surviving spouse or dependent(s) may elect to continue available health coverage as provided by other university policies or by law.

**Q16** *I currently have IPERS as my retirement plan. Can I elect the incentive option of five (5) years of university contributions to my retirement plan?*

A16 No. IPERS is a defined benefit retirement plan that does not permit the university to provide this incentive option. You must currently be a participant in the defined contribution retirement plan (TIAA-CREF or VALIC) to elect this option.

**Q17** *If I elect the five (5) years of university contributions to my defined contribution retirement plan, will I have access to my retirement funds when I retire even though I'm still receiving monthly employer contributions?*

A17 Yes. You will have access to your retirement plan funds. You should visit with TIAA-CREF to understand your options for taking distributions.

**Q18** *Can I elect to change the retirement incentive option I elected during the five (5) years?*

A18 No. You will be required to choose either the five (5) years of university-paid health and dental insurance coverage or five (5) years of university contributions to a defined contribution retirement plan at the time of your application. Your election may not be changed once approved.

**Q19** *If I elect the incentive option of 5 years of university contributions to a defined contribution retirement plan, will I still be able to participate in health benefit plans offered to current ISU retirees?*

A19 If you otherwise meet the eligibility requirements to participate in health and dental insurance coverage plans offered to ISU retirees, you would be able to participate. Note that the university does not contribute towards the

**Retirement Incentive Option 3 Program (RIO3)**  
**Questions and Answers**

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cost of health and dental plans for retirees – you would be responsible for the entire premium.

**Q20**      ***Can I make changes to my medical or dental insurance coverage at the time I retire under an approved Retirement Incentive Option 3 Program?***

A20      If you elected the five years of medical and dental insurance coverage as your incentive, your opportunity to elect different health coverage and/or dental in future years will occur during the annual Open Change period. If you make a change to your elections, you will be responsible for any additional premiums related to the change (if any). You may also change benefit elections in the event of an eligible change in family status at your cost. The ISU Benefits office can provide assistance with family status changes.

Remember: Benefit changes elected during Open Change in the fall are not effective until the following January 1 for non-supervisory merit employees or the following February 1 for Faculty, P&S, and Supervisory Merit employees. The university's contribution for health and dental insurance coverage is based on your current benefit elections.

**Q21**      ***I elected the health and dental insurance incentive option and am currently on an HMO plan but plan to move out of the state of Iowa sometime after I retire. How am I impacted?***

A21      HMO plans (Wellmark's Blue Advantage or Blue Access) are only available for residents of Iowa or South Dakota. If you move out of the states of Iowa or South Dakota, your medical plan will switch to one of the PPO plans available to you. You will be responsible for any difference in the premiums due to the change in medical plans.

Dental plans are not impacted by a change in your residence.

**Q22**      ***After I have been retired for 5 years, what are my options for health and dental coverage if I elected the health and dental insurance incentive option?***

A22      After you have participated in the Retirement Incentive Option 3 Program for 5 years, you will be allowed to participate in health and dental benefits available to retirees at the time your participation in RIO3 ends. You will be responsible for premium payments in the same manner as existing retirees.

**Q23**      ***I elected the health and dental insurance coverage incentive option and will be younger than age 60 when I retire. The University is only providing for 5 years of medical and dental coverage so I will have a gap for medical coverage until I am eligible for Medicare (typically age 65). What are my options?***

A23      After your 5 years of University provided health and/or dental coverage end,

**Retirement Incentive Option 3 Program (RIO3)**  
**Questions and Answers**

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you will be eligible to participate in the ISU Retiree health and dental programs at the costs currently in place for retirees. You should discuss options with the ISU Benefits staff prior to the end of the 5 years of University provided coverage.

**Q24**      *I have dependents and elected the health and dental insurance coverage incentive option. Can they be covered if I elect the Retirement Incentive Option 3 Program?*

A24      Yes. Eligible dependents can continue to be covered for health and dental benefits in the same manner as other active ISU employees. If you have dependents other than a spouse/partner, you may be required to pay the difference in premiums.

**Q25**      *I'm age 64 now, what happens to my coverage when I turn 65 if I elect the health and dental insurance coverage incentive option?*

A25      When you or a dependent spouse/partner attain age 65, the ISU contribution for medical insurance coverage will change to the Medicare rate and Medicare will be the primary coverage with the ISU plan as supplemental coverage.

**Please Note** – when you or your spouse/partner turn age 65, you must enroll in Medicare Parts A&B. Medicare Part A is for hospitalization coverage and is at no cost to you. Medicare Part B is for clinic and out-patient benefits and does require a contribution to Medicare by you. The Retirement Incentive Option agreement does not cover the cost of Medicare Part B.

**You should not elect a Medicare Part D plan for pharmacy.** The current medical plans include prescription drug coverage that is considered “creditable coverage” by Medicare. While you are on the incentive, you will continue on the prescription drug plan that you had as an active employee. Prior to the 5-year incentive ending, you will be provided information on enrolling in the Medicare Part D plan required for the medical plan you continue after the incentive ends. Contact the ISU Benefits Office for details.

**Retirement Incentive Option 3 Program (RIO3)**  
**Questions and Answers**

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**Q26**      *I'm already age 65 and have elected the health and dental insurance coverage incentive option. How will I be impacted for health coverage in retirement?*

A26      You will get the benefits mentioned in Q18. You should already have signed up for Medicare Part A coverage. At the time of retirement, you must sign up for Medicare Part B coverage (the university does not pay for your Part B premiums). The ISU Benefits Office must be contacted prior to your last month of employment about the Medicare Information form required by Social Security for enrolling in Part B without a penalty. (See previous question).

**Q27**      *What is the impact to medical insurance coverage if I'm age 65 but my spouse is under age 65?*

A27      Medicare will be your primary health plan with ISU health plans as supplemental coverage. For your spouse under age 65, the ISU health plan will be the only coverage. You both will continue to have Medco for prescription coverage.

**Q28**      *Do I still need to sign up for Medicare at age 65 if I'm getting coverage through ISU?*

A28      Yes – see question #25.

**Q29**      *What other benefits are impacted when I retire?*

- A29
  - Life Insurance – if you have been previously covered for life insurance during the past 10 years, you are eligible for a continued \$4000 benefit at retirement. You will also have the option for conversion or portability of existing coverage under existing life insurance guidelines.
  - Voluntary Vision plan – terminates the first day of the month following retirement. You may continue under COBRA provisions.
  - Long-term Care Insurance – may be continued directly with John Hancock.

**Q30**      *What happens in the event of my death?*

A30      In the event of death, the university's obligation to pay the cost of the health and dental coverage or the university's contribution to a retirement plan will cease on the first day of the month following the date of death.

A surviving spouse or dependent(s) may elect to continue current health and dental insurance coverage as provided by other university policies or by law.



**Retirement Incentive Option 3 Program (RIO3)  
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**Q31**      *What if I am not currently enrolled in health and/or dental benefits through ISU? Can I apply for health or dental benefits if I apply for and am approved for the Retirement Incentive Option 3 Program?*

A31      Your health and/or dental coverage elections in effect on the date your application for the Retirement Incentive Option 3 is approved determine what ISU will provide at the time of your retirement. If you had not previously elected health and/or dental benefits, you will not have an opportunity to elect these benefits in retirement.

**Q32**      *What happens to my accumulated sick leave and vacation if I retire?*

A32      Per ISU policy, sick leave balances will be paid to you up to a maximum of \$2000. You must apply to receive sick leave payout.

The value of your unused vacation bank, up to the policy maximum, will be paid to you unless your letter of intent specifies otherwise (if faculty and approved for FISIP, the FISIP increment is excluded for purposes of the Retirement Incentive Option 3 Program).

The value of your vacation balance, up to your maximum, will be paid to you unless your letter of intent says otherwise.

**Q33**      *My spouse/partner and I have the double-spouse premium contribution schedule. What will happen if one or both of us retire?*

Q33      The double spouse option will end. Contact the ISU Benefits Office at 515-294-4800 and ask to speak to a Benefits Specialist.

**Q34**      *I currently have a Health Care Spending Account. What is the impact to me if I retire?*

A34      Health Care Spending Accounts are funded with deferrals from your salary. Upon your retirement, you no longer have a salary and your Health Care Spending Account will end. Only eligible expenses incurred by you or a family member until the end of the month in which your salary deferral ends can be reimbursed. Contact the ISU Benefits office if additional information is needed.



**Retirement Incentive Option 3 Program (RIO3)**  
**Questions and Answers**

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**Q35**      *Who can I contact if I have more questions on the Retirement Incentive Option 3 Program?*

- A35
- Your department chair or director – with questions on participation in the Retirement Incentive Option 3 Program
  - ISU Benefits office – can help you with questions on health and dental benefits in retirement. Office phone is 515-294-4800 or on-line [benefits@iastate.edu](mailto:benefits@iastate.edu)
  - ISU Retirement Office – can provide general information on retirement programs (IPERS and TIAA-CREF) Office phone is 515-294-4800 or on-line [benefits@iastate.edu](mailto:benefits@iastate.edu)
  - TIAA-CREF – for assistance with retirement planning and investment options. Local office in Ames. Call 800-732-8353 for local appointments or speak with a national TIAA-CREF representative by calling 800-842-2776
  - Iowa Public Employees Retirement System (IPERS) – for assistance if you are participating in IPERS. Telephone is 800-622-3849. On-line at [www.IPERS.org](http://www.IPERS.org)

**IOWA STATE UNIVERSITY**  
OF SCIENCE AND TECHNOLOGY

Dept of Human Resource Services  
Administration - Benefits  
3750 Beardshear Hall  
Ames, Iowa 50011-2033

**Dear Iowa State University Employee**

**Below are the steps you should follow to complete and submit the 2010 Retirement Incentive Option 3 (RIO3) Program Application through your department.**

- Prior to completing the application form, please review the 2010 Retirement Incentive Option 3 (RIO3) Program Terms and Conditions document located on the Human Resource Services Benefits web page or you can call the Human Resource Service Center at 515-294-4800 and ask for an application to be mailed
- Print and complete the requested personal information including your years of paid employment at Iowa State University, your appointment base, and provide your anticipated date of retirement if you are approved under the Retirement Incentive Option 3 Program
- Review the application statements regarding choices of incentives available and select an incentive option (note: employees with IPERS or Federal Retirement programs are only eligible for the health/dental incentive)
- Indicate by checking the box that you have read the Terms and Conditions and are requesting to be considered for the Retirement Incentive Option 3 Program
- Sign and date the application
- Forward the application to your Department Chair or Director

**You will receive notification of the status of your application within 30 calendar days**

Iowa State University  
2010 Retirement Incentive Option 3 Program (RIO3) Application

Deadline to Submit: August 1, 2010

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

University ID # \_\_\_\_\_ Birth Date \_\_\_\_\_

Title/Rank \_\_\_\_\_ Base Salary \_\_\_\_\_

Department \_\_\_\_\_ Retirement Date (no later than 12-31-2010) \_\_\_\_\_

Number of years of employment at ISU by retirement date \_\_\_\_\_ Appointment Base \_\_\_\_\_

I elect the following incentive (choose one only):

- Health and dental coverage based on my current health and dental elections for a period of five (5) years
- Employer contributions to the University's Defined Contribution Retirement Plan (TIAA-CREF or VALIC) for a period of five (5) years (not applicable to employees in IPERS or Federal Retirement programs)

Please review the following statements:

I understand if this request is approved, Iowa State University will pay for either the employer and employee share for the health and dental insurance available for Iowa State University employees commencing on the first day of full retirement, or the employer contribution of the University's Defined Contribution Retirement Plan for the balance of the Retirement Incentive Option 3 Program. I understand that the choice of incentive I make is irrevocable once approved.

I understand that when my incentive ends, I may be eligible to remain on the ISU insurance as a retiree but I will assume all premium costs.

I understand that in the event of my death, the incentive I have elected will end but my surviving dependents may be eligible to continue health coverage by survivorship or COBRA, whichever would apply, and those dependents will assume the full premium costs.

I understand that if I elect the health and dental incentive and if I or my spouse/partner become eligible for Medicare during the period of insurance funded by Iowa State University, the ISU insurance will become my supplement to Medicare and I will enroll in Medicare Part A and B during my initial eligibility. I understand if I neglect to enroll in Medicare A and B, I will be liable for the expenses Medicare would have covered. I understand that until my incentive ends, I will have pharmacy coverage through the ISU insurance and will not enroll in a Medicare Part D Prescription Drug Plan other than the plan provided by ISU. I also understand that enrollment in Medicare Part B will require a premium for each participant and that ISU does not provide payment for Medicare Part B premiums.

I understand that during my participation in the Retirement Incentive Option 3 Program, all other existing policies applicable to my appointment will continue to apply.

**In consideration of the incentive provided by the University, I irrevocably and unconditionally release and forever discharge the University, the Board of Regents, the State of Iowa, and their agents of any and all actions, debts, complaints, liabilities, damages and expenses (including attorney's fees and costs) of any nature whatsoever relating to my employment relationship with the University or separation from the University, including but not limited to claims of discrimination, harassment, or other employment-related complaints or grievances. This waiver and release does not apply to any right of action which may arise after the date of approval of this application.**

- I have read and understand the Terms and Conditions of the Iowa State University Retirement Incentive Option 3 Program, which are incorporated herein. I wish to request the Retirement Incentive Option 3 Program.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

We, the undersigned, have reviewed the cost and the application.

Approved     Declined  
Dept. Chair/Director \_\_\_\_\_ Date \_\_\_\_\_

Approved     Declined  
Dean/Vice President \_\_\_\_\_ Date \_\_\_\_\_

Fund/Account Number(s) to be charged \_\_\_\_\_

**RETURN COMPLETED FORM TO HUMAN RESOURCE SERVICES, 3810 BEARDSHEAR HALL**

Human Resource Services \_\_\_\_\_ Date \_\_\_\_\_

Copy of application returned to applicant    Date \_\_\_\_\_