RETIREMENT SUPPLEMENTAL VOLUNTARY PROGRAM
RSVP

PHASED RETIREMENT OPTION AGREEMENT
And
COMBINED MONETARY/PHASED RETIREMENT OPTION AGREEMENT

Do not sign until you have read and understand the attached RSVP materials

Name:_____ **SS#**_____-_____-_____
Last **First** **MI**
Dept:_____ **My retirement date is** _____

❑ **I have elected to participate in the Phased Retirement Option.**

❑ **I have elected to participate in the Combined Monetary/Phased Retirement Option**

- ❑ I have elected the two-year phase out with 1/3 monetary benefit.
- ❑ I have elected the one-year phase out with 2/3 monetary benefit.

Start Date:_____ **End Date:**_____

FACULTY MUST ATTACH A "CHANGE-OF-STATUS RECOMMENDATIONS" FORM D

The following section is for staff only.
You are required to work no less than 50% effort.

Year	Percent of Effort	Job Duties	Salary
Year One Date			
Year Two Date			
Year Three Date			

Employee's Signature_____ **Date**_____

Department Chair/Supervisor Signature _____**Date** _____

Dean/Director Signature _____ **Date**_____

Provost/Vice President Signature _____**Date** _____

President Signature:_____**Date**_____

This Agreement and ALL your RSVP agreements must be completed at least 365 days before your participation in the RSVP. Please attach this agreement to the RSVP Election Form. FACULTY must also attach Form D.

5/28/02