

LICENSED EMPLOYEE EARLY RETIREMENT APPLICATION

The undersigned employee is applying for early retirement pursuant to board policy 407.06, Licensed Employee Early Retirement. Please complete the following information:

_____		_____
(Full Legal Name of Licensed Employee)		(Social Security Number)
_____	_____	_____
(Current Job Title)	(Date of Birth)	(Years of Service)

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

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

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

Should the licensed employee die prior to full payment of an early retirement benefit, the licensed employee designates either spouse or dependent child.

_____ Beneficiary

_____ Beneficiary Address

_____ Licensed Employee _____ Date

_____ Witness _____ Date