

Application for Participation in Early Retirement with Modified Service (ER/MS)

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Part I. To be completed by employee

Employee name: _____
First Middle Last

Social Security number/UIN: _____ Date of birth: _____

Years of System service: _____ Total years of TRS and/or ORP credit: _____

Employing System component: _____

Employing department/unit: _____

Department/Unit head: _____

Current appointment data:

Title: _____

FTE monthly rate: \$ _____ Number months appointed: _____

Annual budgeted salary: \$ _____ Percent effort: _____

Source of funds:

Account	Period	% Effort	Budget Amount

Proposed date of retirement: _____

Proposed date for commencement of ER/MS: _____

Proposed post-retirement duties (attach additional sheet if necessary): _____

I hereby certify that I understand and agree to comply with the provisions of Early Retirement with Modified Service as outlined in System Regulation 31.07.01 and understand the employment relationship to last only for the period approved herein.

Employee signature

Date

PART II. To Be Completed By Department/Unit Head

Proposed modified service position under Early Retirement/Modified Service (ER/MS):

Title: _____

FTE Monthly Rate: \$_____ Number Months Appointed: _____

Annual Budgeted Salary: \$_____ Percent Effort: _____

Source of Funds:

Account	Period	% Effort	Budget Amount

Duties of Position (attach additional sheet if necessary): _____

Will duties entail supervision of full-time employees?

Describe specific benefits to the organization of proposed post-retirement employment, and comment on the probability that such benefits will continue throughout the term of proposed ER/MS commitment:

ER/MS commitment is through _____.
date

The terms of Early Retirement with Modified Service have been discussed with the applicant and are agreeable to the applicant, if approved as requested.

Dept./Unit head signature

Date

Approving signature

Date

Approving signature

Date

Approving signature

Date

Notes:

- (1) The CEO or designee must personally approve, along with the CEO or designee of any System component sharing in the funding of the ER/MS position.
- (2) One approved copy of this two-page form should be submitted to the applicable Human Resources Department.