

## **EARLY RETIREMENT INCENTIVE PLAN REQUEST FORM**

To be completed by Employee Requesting Consideration for Early Retirement Incentive Plan Payout:

Name:	Title:	
Department:		
Today's Date:	Requested Retirement Date:	
Employee Signature		
To be completed by Huma	n Resources:	
Date Received by Human F	Resources: Enter a date.	
Position ID: Enter Emp	ployee Position ID	
Current Employee Status:	☐FT ☐PT Employee FT Date of Hire: Enter DO	Н
Initial eligibility date (or Ju	ly 1, 2017, whichever is later): Enter a date	
Years of FT Service on Eligi	bility Date: Enter # Years	
Employee Date of Birth: Er	nter DOB Age at Date of Eligibility: Enter	age
ERIP Payout on Date of Elig	gibility: Enter ERP Payout Amount	
HR Initials	Date	
To be completed by Provo	est/appropriate Vice President:	
Employee Request: ☐ App Comments: Enter commen	proved $\square$ Denied	
Signature	Title	Date
☐ Return to Human Resou	urces for payout calculation and letter to emplo	vee
☐ Notify employee if requ		•
, , , ,	mployee, the Provost/appropriate Vice Presiden	nt submits request for exception to
President.		·
To be completed by Presid	lent:	
-	☐ Approved ☐ Denied	
Comments: Enter commen		
Signature of President	 Date	
☐ Notify employee of exce	eption request decision	