Marywood
U N I V E R S I T Y

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 Human Resources:

Date Received by Human Resources: Enter a date.

Position ID: Enter Employee Position ID

Current Employee Status: ☐FT ☐PT Employee FT Date of Hire: Enter DOH

Initial eligibility date (or July 1, 2017, whichever is later): Enter a date

Years of FT Service on Eligibility Date: Enter # Years

Employee Date of Birth: Enter DOB   Age at Date of Eligibility: Enter age

ERIP Payout on Date of Eligibility: Enter ERP Payout Amount

_____   _____

HR Initials   Date

_____

To be completed by Provost/appropriate Vice President:

Employee Request: ☐ Approved ☐ Denied

Comments: Enter comments

_____   _____   _____

Signature   Title   Date

☐ Return to Human Resources for payout calculation and letter to employee

☐ Notify employee if request denied

☐ After discussion with employee, the Provost/appropriate Vice President submits request for exception to President.

_____

To be completed by President:

Request for exception: ☐ Approved   ☐ Denied

Comments: Enter comments

_____   _____

Signature of President   Date

☐ Notify employee of exception request decision