

ATTACHMENT A

**Notice of Participation in the Tenured Faculty Pre-Planned Retirement Program**

*Notice: Before completing and submitting this form, please review the eligibility requirements for the Tenured Faculty Pre-Planned Retirement Program (the "Program") as set forth in the Program description.*

**Faculty Member Information**

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Luther ID:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Full-Time or Part-Time Status:**     **Full-Time**         **Part-Time**

**Election to Participate**

**Pre-Planned Phased Retirement Option ONE**

*(Must be elected by September 1 of the academic year preceding the start of phased retirement period, unless you are a member of the one-time Special Class as defined in the Program Description)*

*I will start Year One of the Phased Retirement Period on \_\_\_\_\_ (start date of the academic year), with a retirement date of May 31, \_\_\_\_\_.*

- |                |                                |                          |  |                          |  |
|----------------|--------------------------------|--------------------------|--|--------------------------|--|
| <i>Select:</i> | Year One of Phased Retirement: | <input type="checkbox"/> | Two Course Reduction<br>in Teaching Load | <input type="checkbox"/> | Three Course Reduction<br>in Teaching Load |
|                | Year Two of Phased Retirement: | <input type="checkbox"/> | Two Course Reduction<br>in Teaching Load | <input type="checkbox"/> | Three Course Reduction<br>in Teaching Load |

**Pre-Planned Two-Year Notice of Retirement Option TWO**

*(Must be elected by April 30 of the academic year preceding the start of pre-retirement period)*

*I will start Year One of the Pre-Retirement Period on \_\_\_\_\_ (start date of the academic year), with a retirement date of May 31, \_\_\_\_\_.*

My signature below certifies:

- I understand that participation in the Program means my employment with the College will end in retirement and I will relinquish my tenure rights after two (2) additional academic years of service for the College, and my retirement will be effective May 31 of the second academic year.
- I have read the Program description and agree to all its provisions. In understand that, in order to receive the benefits of the Program, I must execute an irrevocable Phased Retirement Agreement or Two-Year Notice of Full Retirement Agreement (the "Agreement") with the College, which will include a release of claims.
- I understand that I may not delay retirement or the end of my employment with the College longer than what is stated in the Agreement. I understand that once the Agreement is effective, I cannot revoke, withdraw, or otherwise cancel my decision to enter into the Agreement and retire no later than a date certain.

I am signing below with a full understanding of the terms and conditions of the Program and I hereby acknowledge that my decision to apply to participate in the Program is absolutely voluntary on my part.

Employee's Signature	Date
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