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Box 70564, ETSU
Johnson City, TN 37614-1707 (423) 439-4457, HR@etsu.edu
www.etsu.edu/hr

|  |  |
| --- | --- |
| Date: |  |
| Name: |  |
| Department: |  |
| E-Number: |  |
| Cell Phone #: |  |
| Email: |  |

I am interested in participating in the ETSU Voluntary Faculty Retirement Incentive Program.

* I understand the terms and conditions of this program.
* I am voluntarily applying for this program with a retirement date of December 31, 2020.

|  |  |
| --- | --- |
|  |  |
| Employee Signature | Date |
|  |  |

HR USE ONLY

 Return completed form to:

 ETSU Office of Human Resources

 307 Burgin Dossett

**All forms must be delivered by the staff member in person to the Office of Human Resources or from the staff member’s ETSU email address to** **HR@etsu.edu****.**

Your application will be reviewed and you will receive a response on October 9, 2020. If your application is accepted, you will receive a copy of the Voluntary Retirement Agreement and the Employee Waiver and Release via email from the Office of Human Resources. The Agreement and Waiver must be returned to the Office of Human Resources within 10 business days. Requests to revoke your application and acceptance in the program must be made in writing (via hard copy or email to hr@etsu.edu) within 7 days of signing the Agreement form. After 7 days, the Agreement is non-revocable.