

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

Date:				
Department:				
E-Number:				
Cell Phone #:				
I am interested in Incentive Progran	1 1 0	SU College of Arts and Science	s Voluntary Faculty Retiren	nent
☐ I am applying for Option 1 , with a retirement date of June 30, 2020.				
□ I am apply	ving for Option 2 , with a	a retirement date of June 30, 20	021.	
Employee Signa	ture	Date		
Return completed ETSU Office of F	Iuman Resources		HR USE ONLY	
307 Burgin Dossett All forms must be delivered by the faculty member in person to				
the Office of Hu	•	nty member in person to		

Your application will be reviewed and you will receive a response within 10 business days of receipt. 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.