APPENDIX G

JEFFERSON COUNTY SCHOOL SYSTEM

Application and Agreement for the Early Retirement Incentive Program

(Application deadline April 1 of effective year of retirement)

Name_____Date_____

Address _____

_____

Social Security #_____Birthdate_____

My effective date of retirement is_____. I will have completed _____years of service as recognized by the Tennessee Consolidated Retirement System,_____years of which were completed as a certificated employee of the Jefferson County School System. Attached is documentation from TCRS. Estimated sick leave days_____.

_____I understand that I forfeit any right to be employed by the Jefferson County Board of Education except as permitted by the TCRS.

METHOD OF PAYMENT (Choose One)

_____I choose to receive $9,000 dollars in two equal payments of $4,500 each, on July 20, 20____and July 20, 20___.

_____I choose to receive $10,500 in three equal payments of $3,500 each, on July 20, 20___ , July 20, 20____, and July 20, 20___.

BENEFICIARY

If a retired employee dies before receiving all of the benefits agreed to, a lump sum payment of equal to the balance of the benefit shall be paid to the designated beneficiary upon presentation of proper documentation. I hereby reserve the right to change any beneficiary hereto without the consent of any beneficiary. Any change in Designation of Beneficiary must be filed in writing with the Jefferson County Board of Education.

I hereby designate as my beneficiary:

Name: _____ _____
Relationship

Address:_____ _____
Social Security Number

_____ _____
Phone

AGREEMENT

This application will be approved and will be processed upon acceptance of your resignation by the Board. Submit by April 1, completed original form to the Director of Schools, PO Box 190, Dandridge, TN 37725.

_____ _____ _____ _____
Employee **Date** **Director of Schools** **Date**

State of Tennessee, County of Jefferson, _____ (applicant) personally appeared before me on this _____ day of _____, 20_____, who makes oath that (he) (she) executed the foregoing instrument.

(Notary Seal)

_____
Notary Public
My Commission Expires:_____

State of Tennessee, County of Jefferson, _____ (Director) personally appeared before me on this _____ day of _____, 20_____, who makes oath that (he) (she) executed the foregoing instrument.

(Notary Seal)

_____
Notary Public
My Commission Expires:_____