



Classified Staff: Application for Retirement and Post-Employment Benefits

Name: _____

Position: _____

I hereby submit this Classified Staff Application for Retirement and Post-Employment Benefits ("Application"), as outlined in the Classified Staff Handbook.

Signature

Date

Administration Use Only:

Age: _____

Annual Contracted Hours Worked: _____

Years of Consecutive Service: _____

Average Annual Earnings (past 3 years): _____

Variable Multiplier: 1.4 1.2 1.0 0.8 0.6

Benefit Value: _____

Sick Leave Value: _____(days) x _____(multiplier)= _____

Reduction (if applicable):

Reviewed by: _____

Date Approved: _____

Date Denied: _____