



Professional Educator Application for Retirement and Post-Employment Benefits

Name: _____

Position: _____

I hereby submit this Professional Educator Application for Retirement and Post-Employment Benefits ("Application"), as outlined in the Professional Educator Post-Employment Benefit Plan ("Plan") and approved by the Board of Education ("Board") on February 23, 2015.

I understand that this Application is a request for consideration by the Board. All applications must be approved by the Board as a precondition to receiving any benefits.

Signature

Date

Administration Use Only:

Age: _____

Years of Service as of June 30, 2015: _____

Benefit Value: _____

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

Reduction (if applicable):

Reviewed by: _____

Scheduled for Board Action: _____

Approved: _____

Denied: _____