



**EARLY RETIREMENT INCENTIVE PROGRAM  
EMPLOYEE APPLICATION**

I wish to apply to the Early Retirement Incentive Program (“ERIP”). I understand that my participation in ERIP is voluntary and, if approved, means my employment will end, and I will receive payments, less required deductions, in accordance with the terms outlined in the Program. I understand the program objectives include cost savings in wages and benefits, and to alleviate the financial burden of retirement for eligible employees.

I understand, to be considered for ERIP, that I must complete and submit this Application to Human Resources. My participation is not guaranteed and must be approved by the County Administrator. I also understand I will be informed of whether or not my Application to participate is approved in a timely manner. Finally, I understand that I can change my mind and withdraw my Application at any time before a signed Agreement and Release (“Release”) becomes effective. If my Application is withdrawn, I understand I will not be considered for participation in ERIP, unless I reapply.

If my Application is approved, I understand that I must submit a signed Release within forty-five (45) days of receipt of the Release. Failure to submit the signed Release within forty-five (45) days will result in my Application being withdrawn. I additionally understand that I have the right to consult with an attorney of my choice, at my discretion, regarding the Release within said forty-five (45)-day period.

Once the Release has been signed, I understand that I will have seven (7) days from the date signed, during which I may revoke the Release. If I revoke the Release during said seven (7) day-period, I will not be eligible for any payments or other considerations under ERIP.

**Employee Information**

*Employee Full Name:* \_\_\_\_\_

*Department:* \_\_\_\_\_

*Position/Title:* \_\_\_\_\_

*Date of Hire:* \_\_\_\_\_ *Years of Service:* \_\_\_\_\_

*Requested Early Retirement Date:* \_\_\_\_\_

*Phone:* \_\_\_\_\_ *(work)* \_\_\_\_\_ *(cell)*

*Employee Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**For Internal Use Only**

*Employee Full Name:* \_\_\_\_\_

*Employee Date of Hire:* \_\_\_\_\_

*Age at Requested Retirement Date:* \_\_\_\_\_

*Years of Service at Retirement Date:* \_\_\_\_\_

*Application Approved:* \_\_\_\_\_

*Application Denied:* \_\_\_\_\_

*Comments:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*By:* \_\_\_\_\_

*County Administrator*

*Date:* \_\_\_\_\_