

**Dickinson Public School District #1
Early Retirement Incentive Application (Deadline March 1)**

Send completed form, with TFFR Rule of 85 verification, to the Director of Personnel.

Name: _____ Social Security #: _____

Home Address: _____

Telephone: _____ Date of Birth: _____

Effective Date of Resignation and Early Retirement: _____

TFFR Retirement Status as of August 15, (current year): _____ (rule of 85+)
(Attach TFFR verification status)

Number of years of continuous employment in the Dickinson Public School
District #1 immediately preceding the date of early retirement: _____ years.

Choice of Retirement Option: (select one)

Option 1: Severance Pay

$$\begin{array}{l} \$ \text{ _____} \\ \text{Current Salary} \\ \text{(minus extra duties \& days)} \end{array} \times \begin{array}{l} \text{ _____} \\ \text{Percentage Factor} \\ \text{(from eligibility chart)} \end{array} = \$ \text{ _____} \\ \text{Total pay due (made in 3 installments)}$$

Signature of Applicant: _____ Date: _____

Board President: _____ Date: _____

Business Manager: _____ Date: _____