

Gettysburg College Faculty Retirement Incentive Program

Program Election Form

This form must be completed and submitted between June 1, 2019 and November 1, 2019 to Regina Campo, Co-Director of Human Resources and Risk Management, Penn Hall, 1st Floor.

NAME: _____

DEPARTMENT: _____

SSN: _____ DATE OF BIRTH: _____

REQUESTED RETIREMENT DATE: _____

I am electing participation in the Gettysburg College Faculty Retirement Incentive Program (the "Program"). I have read and understand the provisions of the Program. ***I understand that I am under no obligation to participate in the Program until I have signed the Resignation and General Release Agreement, after which time my election to participate is irrevocable.***

I acknowledge that I have received the materials outlining the terms of the Program, as well as a Resignation and General Release Agreement. I further acknowledge that I have 45 days from the date on which I sign this form to consider, sign and return the Resignation and General Release Agreement.

I acknowledge that I have been encouraged by the College to use the 45-day period to consult with an attorney, financial advisor and my family about my plans for retirement and this Program.

Signature

Date