



## 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

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### **Administration Use Only:**

Age: \_\_\_\_\_

Years of Service as of June 30, 2015: \_\_\_\_\_

Benefit Value: \_\_\_\_\_

Reduction (if applicable):  
\_\_\_\_\_

Reviewed by: \_\_\_\_\_

Scheduled for Board Action: \_\_\_\_\_

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_