

**MCNEESE STATE UNIVERSITY**  
**Retirement/Resignation Incentive Plan Application**

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Title: \_\_\_\_\_

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

I hereby elect to participate in the McNeese State University Retirement/Resignation Incentive Plan. I certify that I have reviewed the University of Louisiana System PPM FS-III.II.G-1 (Incentivized Retirement of Tenured Faculty) and McNeese's plan and that I understand the guidelines for the program at McNeese State University. I further certify that I meet all eligibility requirements. I understand that my decision to participate in this plan is irrevocable once the application to participate has been submitted and selected, and the seven day reflective period described in the program document has passed.

I will voluntarily resign my employment with McNeese State University effective \_\_\_\_\_ (no later than June 30, 2024) at the close of business in order to retire or resign in accordance with the incentive plan. If I am selected to receive the retirement incentive, I understand that if for any reason after the expiration of the reflective period, I elect not to separate by retirement or resignation, or if I fail to comply with applicable retirement system plan application procedures or rules, e.g., completion of supporting forms, and therefore do not become a retiree from the system without a break in service, I will not receive the incentive payment and will still be separated from employment with McNeese State University.

If McNeese State University finds that although I complied with the relevant application procedures and rules, I am determined to be ineligible for retirement, I understand that I will not receive the retirement/resignation incentive but may remain employed with McNeese State University with no break in service.

By signing this document, I agree to abide by all provisions of the McNeese State University Retirement/Resignation Incentive Plan. My decision to participate in McNeese State University's Retirement/Resignation Incentive Plan is completely voluntary and free from threat, duress, intimidation, or other inappropriate or unlawful influence. I have made the decision to participate in the program only after careful consideration and only after McNeese State University has afforded me a reasonable period of time in which to consult with others prior to electing to participate in this program.

I understand that the incentive being offered by McNeese State University is in addition to all retirement benefits to which I may be entitled under the Teachers Retirement System of Louisiana (TRSL), the Louisiana State Employees Retirement System (LASERS), or the Optional Retirement Plan (ORP) or other applicable state plan. I understand that McNeese State University Retirement/Resignation Incentive Plan does not in any way affect either my eligibility for retirement or the amount of any retirement stipend/benefits to which I may be entitled.

Amount of Retirement/Resignation Incentive \_\_\_\_\_ (one half of current base 9-month salary capped at \$45,000)

Please initial one option: 1.  Incentive Retirement Option

2.  Incentive Resignation Option

Done this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Applicant Signature: \_\_\_\_\_

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

Witness: \_\_\_\_\_

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

Instructions: Complete this form and submit the original to Luci Mireles, Human Resources Office, and send a copy to your supervisor. Form must be received in Human Resources no later than January 5, 2024 at 11:00am.