

# IRREVOCABLE ELECTION TO RETIRE

**EMPLOYEE LEGAL NAME:** \_\_\_\_\_

**EMPLOYEE WIU ID NUMBER:** \_\_\_\_\_

**TERMINATION DATE (M/D/Y):** \_\_\_\_\_

**DATE SURS ANNUITY IS TO BEGIN (M/D/Y):** \_\_\_\_\_

The following conditions apply to individuals exercising the irrevocable election to retire:

1. Retirement from Western Illinois University begins no later than the termination date indicated above.
2. All payments for unused paid sick leave will be reported as earnings to SURS. Earnings, as defined by SURS, are assessed employee retirement contributions. Payments for unused paid sick leave will have employee retirement contributions withheld in accordance with Public Act 92-0599.
3. Compensation for unused paid sick leave will be paid according to the employee's election made on the Irrevocable Sick Leave Payment Plan on reverse.
4. The unused paid sick leave payment will be calculated based upon the balance of unused payable sick leave days and the employee's salary at the time of payment of the benefit.

I hereby certify that I am eligible to make this election under the provisions of the current UPI bargaining agreement which states, "Pursuant to Public Act 92-0599 and subsequently upon the employee's request, unused sick leave that can be used for sick leave buy-out will be paid at the current rate of earnings as part of earnings from the University during the period of up to two years of employment prior to retirement, subject to the 20% limitation and the guidelines set by SURS..."

## I ELECT THE IRREVOCABLE RETIREMENT OPTION:

Notarized **EMPLOYEE SIGNATURE:** (required)

**DATE:** (required)

### To Be Completed by a Notary Public

Subscribed and sworn to before me, a Notary Public, in and for the County of \_\_\_\_\_, State of \_\_\_\_\_

Signature of \_\_\_\_\_

My Commission \_\_\_\_\_

NOTARY SEAL

Notary Public \_\_\_\_\_ Date \_\_\_\_\_

Expires \_\_\_\_\_

This irrevocable retirement option is accepted by Western Illinois University.

**PROVOST'S SIGNATURE** (required)

**DATE:** (required)

Completed Form Distribution by Provost's Office to:

- Personnel File
- Benefits File
- Payroll Office
- Employee Copy
- Dean or Supervisor Copy
- Department Chair (If applicable)

11/29/18

Return this form to the Provost Office, Sherman Hall, Room 211 for signature and distribution.