

EMPLOYEE STATEMENT OF INTEREST

I wish to apply to the Faculty Realignment Incentive Program ("FRIP"). I understand that my participation in FRIP is voluntary and, if approved, means my employment will end, and I will receive a lump sum retirement incentive payment, less required statutory deductions, in accordance with the terms outlined in the program.

I understand, to be considered for FRIP, that I must complete and submit this Statement of Interest Form ("Form") to **(Constituent Institution)**. My participation is not guaranteed and must be approved by **(Name and Title Institution's Designee)**. I also understand I will be informed of whether or not my participation is approved. Finally, I understand that I can change my mind and withdraw my Form at any time before a signed Agreement and General Release ("Release"). The Agreement and General Release does not become effective and enforceable until after a period of seven (7) calendar days following my signature, and during such period I may unilaterally revoke the Agreement and General Release. If my Form is withdrawn, I understand I will not be considered for participation in FRIP, unless I reapply.

If my Form is approved, I understand that I must consider and submit a signed Release. The Release is to be signed and submitted on my final day of employment. I further acknowledge I have received a copy of this Release with this Form. I will have at least 45 calendar days to consider this offer and Release. I also understand that I have the right to consult with an attorney of my choice, at my discretion, regarding the Release.

Once the Release has been signed, I understand that I will have seven (7) days from the date signed, during which I may revoke the Release. If I revoke the Release during said seven (7) day-period, I will not be eligible for any payments or other considerations under FRIP. I understand that I will receive payment under the FRIP Agreement seven (7) days after my final day of employment but no more than 14 days after my final day of employment.

EMPLOYEE INFORMATION

Employee Full Name:			
Department:			
Faculty Rank/Job Title:			
Date of Hire:		Years of Service:	
Requested Early Retirement Date:			
Work Phone:		Cell Phone:	
Employee Signature:		Date:	

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Employee Date of Hire:			
Age at Requested Retirement Date:			
Years of Service at Retirement Date:			
Amount of Separation Payment:			
Application Approved:		Application Denied:	
Comments:			
Approval Reviewer Name:		Date:	