VALDOSTA STATE UNIVERSITY
Building for Our Next Century
1906-2006

Rev: 3/2010

Voluntary Retirement Option

Confirmation of Participation

When an individual retires from the University System of Georgia and is receiving benefits from the Teachers Retirement System, the Employees Retirement System, or the Regent's Retirement Plan, he/she shall not be reemployed by the University System without the prior approval of the Board of Regents. When an employee has retired from the University System of Georgia, he/she may be reemployed by the University System of Georgia under the following conditions:

1. The reemployment of a University System of Georgia retiree must be approved by the Board of Regents;
2. A rehired retiree must have a minimum break of 30 days between the effective date of his/her retirement and the effective date of his/her reemployment;
3. The work commitment of rehired retiree must be les than half-time; i.e., less than 50%;
4. The salary that is paid to a rehired retiree must be less than 50% of the annual benefit base compensation amount that he/she was earning at time of his/her retirement; and
5. The salary that is paid to a rehired retiree must be consistent with his/her work commitment (BR Minutes, April 2002).

Current Position Information:

Name:

Department:

Job Title:

Contract: Academic ☐ or Fiscal ☐

Full-Time Equivalency:

Contract Amount:

Terms of Reemployment:

Department:

Job Title:

Full-Time Equivalency:

Reemployment Amount:

Date of Retirement:

Date of Reemployment: Option End Date:

In consideration of the above-described reemployment following my retirement, I hereby agree to participate in the Voluntary Retirement Option offered by the University. I understand there are no ongoing guarantees of employment beyond the close of Fiscal Year ____. Continued employment will depend upon acceptable performance and a continued need for the service provided.

This agreement is a totally voluntary action on my part.

_____ _____

Witness Signature/Date Employee Signature/Date

APPROVED: _____ Department Head/Supervisor

Signature/Date

_____ Dean/Director

Signature/Date

_____ Vice President

Signature/Date

_____ President

Signature/Date

Department of Human Resources & Employee Development
A Unit of the Division of Business & Finance
Location University Center • Entrance 5 • **Address** 1215 N. Patterson St. • Valdosta, GA 31698–0200
Phone 229.333.5709 • **Fax** 229.259.5030 • **Web** http://services.valdosta.edu/human_resources

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