



**Retirement Supplemental Voluntary Program (RSVP)  
Phased Retirement Option Agreement and Combined Monetary/Phased Retirement Option Agreement**

Please read and understand all RSVP materials before completing this form.  
Please attach this agreement to the RSVP Election form.

Name: \_\_\_\_\_ M#: \_\_\_\_\_

Department: \_\_\_\_\_ Retirement Date: \_\_\_\_\_

My phased retirement will start on: \_\_\_\_\_ My phased retirement will end on: \_\_\_\_\_

My specified retirement date will be: \_\_\_\_\_

**Phased Retirement Option**

I elect to participate in the three-year Phased Retirement Option.

**Combined Monetary/Phased Retirement Option**

I elect the two-year phase out with 1/3 monetary benefit

I elect the one-year phase out with 2/3 monetary benefit

*The following chart is for staff only. Faculty members must include a completed Employee Status Change Form.*

Year	Percent of Effort	Job Duties	Salary
Year One Date:			
Year Two Date:			
Year Three Date:			

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Dept Chair/Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_\_

Dean/Director Signature: \_\_\_\_\_ Date \_\_\_\_\_

Provost/Vice President Signature: \_\_\_\_\_ Date \_\_\_\_\_

President Signature: \_\_\_\_\_ Date \_\_\_\_\_

*Send all RSVP forms to Benefit Services*