**Declaration of Retirement – Final Four Years -- Due: Sept. 9, 2024**

**Enrollment Form**

Please type or print clearly in ink. Initial any corrections, additions, deletions or changes in pen. Complete all sections. For more information, call Contract Administration at (773) 995-2439.

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name | First | Title | Univ. Id. #: |
| Street Address | | Home Phone # | Email: |
| City | State | Zip Code |  |
| Dept. | | Work Address | |
| **Date of Retirement** | | ***This Date is an Irrevocable Declaration for Retirement to be Eligible for Final Four Years.*** | |

**Due Date: September 9, 2024 Declaration of Retirement – Final Four Years**

Any full-time faculty member seeking to declare FINAL FOUR years of employment at Chicago State University must sign this form and submit it to the Contract Administrator to be eligible for teaching during the next Summer School for three CUEs of guaranteed employment at the 100% compensation rate (Article 29.6.a and 41.3.a). By so doing, the employee submits an irrevocable date of retirement, and must retire by the designated date. Declaration compensation rate will be for the following summer if received by the due date as indicated above, if not it becomes effective the next year.

**Read This Information *Before* Signing**

I hereby acknowledge I understand the declaration of final four years of retirement. I agree to the terms and conditions stated for eligible employees. I hereby acknowledge that I understand the amount of compensation. In return for the declaration to retire, I submit an **irrevocable** date of retirement as indicated in this declaration. I will retire by the date indicated, which is in four years, and before a term begins or after it ends.

*Signature: Date:*

Print Name:

*Department Chair*:  *Date*:

Print Name:

*Contract Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

*Send signed declaration to Contract Administration: B. Rowan, 308 Cook Administration Building*, *9501 S. King Dr., Chicago, IL 60628; 773/995-2439.*

Contract Administration will send copies to: Budget Office and Human Resources, who will notify SURS.

Contract Administration - Form Updated 9/30/10; 7/17/13, 6/27/16.