

**ALBEMARLE COUNTY
VOLUNTARY EARLY RETIREMENT PLAN**

APPLICATION

NAME OF APPLICANT: _____

POSITION: _____ DEPT./SCHOOL: _____

DATE OF HIRE IN ALBEMARLE COUNTY: ____/____/____ DATE OF BIRTH: ____/____/____

APPLICATION FOR EARLY RETIREMENT TO BEGIN: ____/____/____

STATE BRIEF REASON FOR EARLY RETIREMENT REQUEST:

I understand that the Albemarle County Voluntary Early Retirement Plan is voluntary and that I am pursuing this request on my own initiative. The Plan will be administered in accordance with the Voluntary Early Retirement policy of the Board of Supervisors/School Board.

SIGNATURE OF EMPLOYEE

DATE SIGNED*

*NOTE: Application must be received by the Director of Human Resources by December 1 in order to be considered for next fiscal year.

APPROVED FOR RECOMMENDATION TO BOARD

NOT APPROVED FOR RECOMMENDATION TO BOARD

SIGNATURE OF COUNTY EXECUTIVE/SUPERINTENDENT

DATE ACTED UPON BY BOARD