

**LSU AGRICULTURAL CENTER RETIREMENT INCENTIVE PROGRAM
APPLICATION FORM**

Name _____

Title _____ Unit _____

I hereby elect to participate in the LSU Agricultural Center's Retirement Incentive Program. I certify that I am aware of the guidelines for the program and I meet all eligibility requirements.

I will resign effective _____ *at the close of business* in order to retire. I understand that this decision is *irrevocable* once the grace period described in the program document has passed. I also understand this means that my employment with the AgCenter will end on the date specified above. I further understand that if for any reason I elect not to separate by retirement and/or I do not meet the applicable retirement system plan procedures (e.g., completion of supporting forms) or rules (eligibility, etc.) and therefore do not become a retiree from the system without a break in service, I will not receive the incentive payment but I will still be separated from employment with the AgCenter.

By signing this document, I agree to abide by all provisions of the AgCenter Incentive Program. My decision to participate in the LSU AgCenter's Retirement Incentive Program is completely voluntary and free from threat, duress, intimidation, or other inappropriate or unlawful influence. I have made the decision to participate in the program only after careful consideration and only after the LSU AgCenter has afforded to me a reasonable period of time in which to consult with others prior to electing to participate in the program.

I understand that the retirement incentive being offered by the LSU AgCenter is in addition to all retirement benefits to which I may be entitled under the Teachers' Retirement System of Louisiana ("TRSL"), the Louisiana State Employees Retirement System ("LASERS"), the Federal Civil Service Retirement System ("CSRS") or the Optional Retirement Plan ("ORP") or other applicable state plan. I understand that the LSU AgCenter Retirement Incentive Program does not in any way affect either my eligibility for retirement or the amount of any retirement stipend/benefits to which I am entitled.

Signature _____ Date _____

Witness Signature _____ Date _____

This form must be received in the AgCenter Human Resource Management Office using the contact information below no earlier than September 1, 2015, beginning of business and no later than September 10, 2015, close of business. If faxed by that time, the original form must be sent by certified mail or overnight delivery service within 2 business days.

Human Resource Management Office
LSU Agricultural Center
103C J. N. Efferson Hall
110 LSU Union Square
Baton Rouge, LA 70803
Fax: 225/578-8284
E-mail: dnehligh@agcenter.lsu.edu

Questions should be directed to the AgCenter HRM Office.

AgCenter HRM Office – 07/2015