

Employee Application to Participate in the MCCCCD Retirement Incentive Program (MRIP)

I hereby apply to participate in MRIP as spelled out in the Employee Participation Agreement (Participation Agreement) which I acknowledge receiving on or before October 15, 2008.

In applying to participate in MRIP, I understand that:

1. I must:
 - Be eligible to retire with 80 points for participation in the Arizona State Retirement System (ASRS) as of June 30, 2009;
 - Have maintained employment as a Board-approved, regular full-time employee for ten consecutive years prior to July 1, 2009; and,
 - Be eligible for medical coverage under Medicare on or before June 30, 2014.
2. The Participation Agreement requires that I retire from my employment with MCCCCD effective June 30, 2009.
3. My retirement is conditioned on MCCCCD's acceptance of my application to participate in MRIP.
4. If MCCCCD determines that I am not eligible to participate in MRIP, my decision to retire is deemed rescinded.
5. I must sign and deliver in person my signed Participation Agreement to the office of the Vice Chancellor for Human Resources no later than 5:00 p.m. on December 1, 2008. Delivery by electronic or other means is not permitted.
6. I may rescind my Participation Agreement any time prior to 5:00 p.m. on December 19, 2008. Any such rescission must be made in writing and delivered in person, and not via electronic or other means, to the office of the Vice Chancellor for Human Resources.
7. I may not rescind my Participation Agreement after 5:00 p.m. on December 19, 2008.
8. The Participation Agreement includes a provision requiring me to waive and release any and all rights and claims I may have against MCCCCD upon the termination of my employment.

9. I understand that my receipt of benefits in MRIP is being granted to me in addition to what I would otherwise be entitled to, and is offered to me in consideration for my signing the waiver and release of claims.
10. If I do not sign the waiver and release, I will not receive MRIP benefits but will be required to maintain my early retirement commitment.
11. I understand that I should read the Participation Agreement carefully before signing it, as it contains many provisions not recited here. In addition, I acknowledge having been advised that I may wish to consult an attorney before signing the Participation Agreement.

Signature

Date

Print Name

College