APPENDIX X
EARLY NOTICE INCENTIVE PROGRAM APPLICATION FORM
(Article 20 – Early Notice Incentive)
Foothill-De Anza Community College District

In accordance with the terms and conditions of the Early Notice Incentive Program, I

_____ hereby submit my notice of intent to resign
(print name and CWID#)

for the purpose of retirement effective _____ _____.
Month Year

I understand and agree to the following terms and conditions of the Early Notice Incentive Program:

1. The filing period of the Early Notice Incentive opens the first day of the Fall quarter and closes on the last day of the Fall quarter. A notice is considered filed when received in the District Office of Human Resources;

2. If, after filing an initial retirement notice, I change my retirement plans and submit a letter of resignation for the purpose of retirement with an effective date that is different from the date specified in my Notice, the Early Notice shall be entirely disregarded and all amounts accumulated in the Early Notice Incentive account established for me shall remain the property of the District. However, I understand that I may submit a new Early Notice, provided that it is filed in accordance with Section 20.4, subject to the conditions of this Article;

3. Continued eligibility for the Early Notice Incentive is conditional upon my submitting a separate irrevocable letter of resignation for the purpose of retirement to the Board of Trustees for the Board's formal acceptance. The letter of retirement must be submitted at least twelve months before my retirement date. **This Early Notice form does not satisfy this requirement**; and

4. The Early Notice Incentive will be payable in the January 31 payroll following my effective date of resignation for the purpose of retirement in accordance with Article 30. Faculty are advised such payment may count towards the post-retirement earnings limitation as determined by CalSTRS.

_____ _____
Signature of Faculty Employee Date

_____ _____
Campus Division

FOR OFFICE USE

Received by: _____ _____
Date

Notification	Date	Initials	Award Amt
Employee	_____	_____	_____
President	_____	_____	
Division Dean	_____	_____	_____
			To Be Paid January