Employee Name: _____

Employee ID Number: _____

My last day of employment is: _____

My retirement effective date is the first day of the month following my last day of employment.

I understand I must meet the requirements of Policy 41.090: Retirement Separation to qualify for retiree status at Ohio University.

I also understand that I must complete any and all the additional paperwork with Ohio University and my retirement provider in order to process and finalize my retirement.

Receipt of this form does not confirm eligibility for retirement income/pension benefits, which will be the responsibility of the employee and their retirement provider.

Employee Signature: _____ Date: _____

For Human Resources Use ONLY
Date of Eligibility for Retirement Verified: _____