



Early Retirement Incentive Program FY27 Application

Employee Information

Employee Name

Bengal ID

ISU Email

Phone Number

Position Title

Department

Supervisor

Application

☐ I wish to be considered for the FY2027 Early Retirement Incentive Program.

Eligibility Acknowledgement

Please initial each statement:

___ I understand participation is completely voluntary.

___ I believe I meet the eligibility requirements for the FY2027 ERIP.

___ I understand Human Resources and the Budget Office will verify my eligibility.

___ I understand submission of this application does not guarantee acceptance into the program.

___ I understand that if approved and I accept the offer, my retirement date must be June 30, 2027 (or the end of my FY27 faculty contract).

___ I understand that this application and participation, if accepted, does not alter the nature of my employment relationship with Idaho State University and is not a promise or continued expectation of employment.

___ I understand that I must continue to perform my regular job duties in good faith and follow all ISU Policies and Procedures and expectations for performance, attendance, and professional conduct up to and including June 30, 2027 (or end of FY27 faculty contract).

Retirement Intent

☐ If approved, I intend to retire effective June 05, 2027 (or end of FY27 faculty contract).

Certification

I certify that the information provided is true and complete to the best of my knowledge. I understand that eligibility will be verified by Human Resources and the Budget Office and that participation is subject to final approval and execution of a formal separation agreement.

I understand that if my employment is involuntarily terminated or I resign, I will be rendered ineligible and forfeit any and all rights to the severance, financial incentives, or benefits provided under the FY2027 ERIP.

Employee Signature

Date

Example Only