

NOTIFICATION OF INTENT TO RETIRE

NAME _____

BYU ID _____ DATE OF BIRTH _____

EMAIL _____ CONTACT NUMBER _____

College, Division or Administrative Area _____

Requested Retirement Starting Date _____

*Retirement start date should be the on the 1st day of a month.

After submitting this form, if I change my mind, I will need approval from my Dean or Director to continue working beyond this date.

Signature of Applicant Date

Supervisor Date

Dean or Director Date

TO BE COMPLETED BY THE BENEFITS OFFICE:

Applicants Credited Years of Service _____

Hire Date _____

Age at Retirement _____

Eligible for BYU Retirement Benefits: YES NO

Notes:

Please send a physical or digital signed copy of this form to:

Physical Copy: Benefits Services D-240 ASB

Digital Copy: benefits@byu.edu