

AUBURN PUBLIC SCHOOLS
INTENT TO RETIRE FORM



Date: _____

To: Dr. Elizabeth Chamberland

From: _____

In consideration of Article XXI, please accept this letter as notification of my intent to retire as of _____.

Please note that I have checked the paragraphs below to which I believe I am entitled (*Comments noted below may not represent the entirety of the current AEA agreement. Please see the current contract to ensure you are eligible for the items you note below. In the case of a discrepancy, language in the current contract will supersede what is noted below.*)

- Credit Days** – For every day of attendance in excess of one hundred seventy (170) days in each year of service to the Auburn Public Schools, a credit of one-fifteenth (1/15) of one (1%) percent of the final year’s salary shall be granted as a salary adjustment for a member’s final year of service before retirement or voluntary separation from the Auburn Public Schools. *This benefit is only available to educators who were employed as AEA members on or before June 30, 2012.*

- Sick Day Buy Back** – In order to be eligible to receive sick leave buy back upon retirement, the member cannot retire anytime other than the end of the school year. Depending on when the employee notifies the District of his/her intent to retire, he/she may receive this benefit in the June of their final year, or by June of the year following retirement. Educators must have accumulated a minimum of fifteen (15) years of service in the Auburn Public Schools and retire prior to age sixty-five (65).

- Early Separation Incentive** – (*Effective in the last school year prior to retirement with notification in the previous school year*) Members choosing to end employment in the Auburn School System and eligible to receive less than eighty (80%) percent and more than sixty (60%) according to the Teacher Retirement Option A Table, shall receive twelve (12%) of the last year’s base salary. The number of qualified members receiving this early separation in any one school shall be a maximum of four (4).

Signed,

Employee Signature

Employee Name (please print)

Date

Superintendent’s Signature

Date

(A copy of this signed document will be returned to the teacher for his/her file.)

FOR OFFICE USE ONLY

Start date: _____

Years of Service: _____

DOB: _____