

DATE: _____

TO: Human Resources

FROM: Name (Please Print) _____ **Employee ID #** _____

SUBJECT: Retirement Severance Pay Stipend (DCTA Employee)

SCHOOL NAME: _____

DIRECT SUPERVISOR NAME: _____

DIRECT SUPERVISOR SIGNATURE: _____

As a retiring DCTA employee with the Denver Public Schools and in accordance with the provisions of Article 27-6 of the Agreement between the Denver Classroom Teachers Association and School District No. 1 in the City and County of Denver and State of Colorado, I recognize that I am eligible for a severance pay stipend of One Thousand Two-Hundred Dollars (\$1200) payable after the date of my termination. I understand that I must meet the requirements to retire under PERA to receive this incentive (age, years of service) and if I do not meet the requirements, I will not receive the incentive.

Please enter your effective resignation date from DPS below. To be eligible for payout, this date must be no earlier than the end of a school year. In addition, resigning prior to the end of your contract will affect your benefits, benefit credits and payment schedule. Your effective retirement date with PERA will be one of two dates: 1) the first of the month following your last day worked, or 2) the first of the month following the end of the DCTA contract. In option 2, the end of the DCTA contract is 7/31 and PERA retirement would be effective 8/1). I understand that once I choose to request the stipend and sign this Interdepartmental communication my decision to resign and retire from the Denver Public School District is irrevocable.

I FULLY UNDERSTAND THE CONSEQUENCES DESCRIBED ABOVE AND HEREBY FREELY AND VOLUNTARILY, AND WITHOUT BEING PRESSURED IN ANY MANNER, SUBMIT MY APPLICATION FOR THE RETIREMENT SEVERANCE PAY STIPEND.

**This form must be received by Benefits no later than February 1 of the retirement year.
Please email this completed form to: employee_benefits@dpsk12.net**

Signature _____

Date of Resignation from DPS: _____