



Minnesota
STATE COLLEGES
& UNIVERSITIES

EARLY SEPARATION INCENTIVE PAYMENT REQUEST MSCF (FORMER MCCFA) AND IFO FACULTY

Employee Use	I hereby apply for early separation incentive as provided for by the current employee contract between the Minnesota State Colleges and Universities and the applicable bargaining agreement/plan.	
	My last duty day will be:	I request that the second installment of the cash incentive be paid to me approximately on:
	Date:	Date:
	Print Name (last, first, middle initial):	Address (street, city, state, zip code):
Employee's signature:		Date:

College/University Use	Employee's Sema4 ID:	Position Control No:	College/University:	
	Employee's birth date:	Original hire date:	Schedule/base salary at time of separation:	Bargaining Unit:
	Above information verified and employee is eligible			
	Authorized by:			Date:
	A. Calculation of Cash Incentive			
	Age at separation:	X Percentage to apply:	X Schedule/base salary:	= Total payment:
				\$
	First half payment:		To be paid (date):	
	Second half payment:		To be paid (date):	
	Discipline/program area(s) from which employee is retiring:			
Name and SEMA4 ID of replacement, if known:				
Campus Human Resources fax number (<i>Office of the Chancellor approval will be faxed to this number</i>):				
*For IFO faculty only: If there are meet and confer notes designating department for 100 percent of base salary, a copy of the meet and confer notes must be attached.				

Office of the Chancellor Approval—MSCF Faculty Only. (Fax to: 651-297-3145)

Meets Article 16, Section 2, sunset provisions and age and years of service eligibility (15.00 FTE):		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
Print Name/Title:	Signature:	Date: