

To: All NUEA Bargaining Unit Members
From: Carol Hetman, Chief Human Resources Officer *Carol Hetman*
Cc: Brad Cauffman, Chief Financial Officer/Chief School Business Official
Mark Bailey, NUEA President
Subject: Salary Enhancement Retirement Benefit for 2018/2019 Retirees
Date: January 2015

Enclosed is the form which must be completed and returned to the District Human Resources Office no later than March 1, 2015, if you wish to take advantage of the Salary Enhancement Retirement Benefit for 2019 which was negotiated for all NUEA bargaining unit members. Please read this information carefully before deciding whether to sign the form.

Please note that the March 1, 2015, deadline applies to receipt of the salary enhancement for retirements effective at the end of the 2018/2019 school year. There will be no opportunity after March 1, 2015 to take advantage of this benefit for 2018/2019 for the SEO benefit. There will be no retirement enhancement for the 2015-2016 school year or for succeeding years.

You must provide a copy of your most recent TRS statement along with your irrevocable notice of retirement so that we can confirm your eligibility for the benefit. If we discover a discrepancy that would disqualify you, we will contact you. If there is no discrepancy, your retirement request will be accepted and you will begin to receive the salary enhancement beginning in the 2015-2016 school year. Your retirement enhancement will be calculated using your final 2014-2015 creditable earnings, less applicable withholding for taxes and TRS and TRIP contributions. This amount shall be in lieu of all step and lane movements, as well as any additional payments or stipends, with the exception of those that are exempted by law. Pay for exempted activities per TRS guidelines shall not be subject to the 6% local retirement incentive. No employee who has given notice of retirement shall receive a pay increase that will subject the Board to an additional contribution to the TRS.

Please feel free to call me if you have any questions.

NAPERVILLE COMMUNITY UNIT SCHOOL DISTRICT 203
HUMAN RESOURCES OFFICE

**NOTICE OF RETIREMENT
(Salary Enhancement Option)**

DATE: _____

NAME OF RETIREE: _____ EMPLOYEE ID #: _____

This letter is my formal written notice to District 203 of my irrevocable notice of retirement at the end of the _____ school year. I understand that receipt of the retirement benefits described below is contingent upon the following:

1. I shall terminate employment with the District on the above date and take a TRS annuity immediately thereafter.
2. I shall have at least fifteen (15) years of full time equivalent service in the District by the above date.
3. I shall submit this request no later than March 1, 2015.

I am aware of the requirements that must be met in order to receive the District benefit. My initials indicate that I have read and understand the requirements.

1. _____ I will be 60 years of age by the day after my retirement **OR** have thirty-five (35) years of service credit in TRS including unused sick days at the time of my retirement.
2. _____ I understand that by meeting the TRS and District requirements (per Article 6.14B of the Negotiated Agreement with NUEA), I am entitled to a six percent salary increase in creditable earnings each year for up to four (4) years.
3. _____ I understand that the total of all creditable earnings (**SALARY AND STIPENDS ONLY**) for the year prior to the year in which I will receive my SEO will be the base upon which the District will determine my benefit.
4. _____ I understand that this notice to retire is irrevocable, however may be revoked subject to the following:
 - a. Death of a spouse or child
 - b. Life threatening illness of educator, spouse, or child as certified by a physician
 - c. Other unforeseen circumstances subject to the sole discretion of the Board. The decision of the Board involving unforeseen circumstances is not subject to the grievance process.

In the event the notice is revoked, the educator shall have reduced by the amount that was granted as part of the enhancement that is in excess of the pay increases that would have been granted without the enhancement. The amount shall be withheld from the regular pay of the educator over 12 pay periods during the year of revocations.

5. _____ I understand that I am obligated to continue to work any extra-duty activity worked in my base year per Article 6.14 B of the Agreement.
6. _____ I will meet with TRS and will submit my service credit and the accumulated sick day report to the District Human Resources office for review.
7. _____ I am attaching my most recent TRS report.

LEGAL NAME: _____

DATE OF BIRTH: _____

AGE AT THE TIME OF RETIREMENT: _____

YEARS OF DISTRICT 203 FULL-TIME SERVICE AT RETIREMENT: _____

TOTAL YEARS OF UNUSED SICK LEAVE AT RETIREMENT: A. _____
(Years = Number of sick days divided by 170. 2 YEARS MAXIMUM)

TOTAL YEARS OF TRS SERVICE CREDIT AT RETIREMENT: B. _____
(Excluding unused sick leave)

Add rows A and B for total years of TRS service credit: C. _____

If you require sick days during your last year of employment, sick days must be deducted from your total according to TRS rules.

ATTACH A COPY OF YOUR MOST RECENT TRS STATEMENT.

I make this request and commitment with the expectation that I will receive no less than the benefits described. If the actual benefit is less than the benefit described, I shall have thirty (30) days from my receipt of the description of the actual benefits to give notice that this request and commitment be rescinded. If I do not give notice to rescind within thirty (30) days of such receipt, this request and commitment shall remain in full force and effect.

By signing below, I attest to and affirm all of the above assertions.

(Signature of Employee) (Date)

(Signature of Board Designee) (Date)

Received in HR Office on: _____