

# THE CITADEL

## RETIREMENT – TERI PROGRAM

Complete and submit to the Human Resources' Benefits Office.

Employee Name:		SSN:
Title:		Class/Slot:
Department:		Department Number:
TERI Start Date: (DATE OF RETIREMENT)	TERI End Date: (DATE OF SEPARATION)	Number of Months: (MAXIMUM OF 60 MONTHS)

As a participant in the Teacher and Employee Retention Incentive (TERI), I understand the following terms and conditions apply to my participation in the TERI Program:

- My retirement benefit will be calculated based on service verified through the effective date of my TERI application as certified by The Citadel HR/Payroll Department to the South Carolina Retirement System.
- An employee beginning participation in the TERI program after June 30, 2005 will not receive payment for unused annual leave upon retirement and entering the TERI program. The employee will maintain his/her current annual leave balance. Up to 90 days of unused sick leave may be applied to a state employee's service credit upon retirement and entering the TERI program. The employee's sick leave balance will be reduced by the amount of sick leave used to calculate the employee's retirement benefit.
- Sick leave used to calculate my retirement benefit will be deducted from my leave balance as of my TERI start date. Sick leave hours up to 720 will be submitted to SCRS to add towards my time. Any hours over 720 will be retained. I understand I have the option not to have all my sick leave submitted to SCRS, but must request this in writing to the payroll department 10 days prior to my TERI start date. I understand that any sick leave not submitted to SCRS is not used in determining my service time for retirement. If no leave balance is retained, any time off will be leave without pay until leave has been accrued.
- As a TERI participant, I am retired for retirement benefit purposes only.
- I will no longer contribute to SCRS nor accrue further retirement service credit.
- I will not be eligible to apply for disability retirement.
- I will not be eligible for the SCRS pre-retirement group life benefit.
- For employment purposes, I retain all rights and benefits of active employees and agree to abide by The Citadel's Policies and Procedures.
- My appointment is limited to the dates specified above. At the end of this time or following notification to my department of an earlier departure, I will be separated from active employment.
- I understand that I must contact the Human Resources' Benefits Office to activate applicable retiree insurance programs and complete other necessary documents for separation at the end of my TERI period.
- Employment opportunities following my TERI period will be at the discretion of The Citadel.
- The SCRS earnings limitations in force at the end of my TERI period will apply to future employment opportunities with a covered employer.

_____ Employee's Signature	_____ Date	_____ Department Head's Signature	_____ Date
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### Human Resources/Payroll Use Only

Base Salary:		Supplement:		Total Salary:	
Annual Leave Hours Balance:	Semi-Amount:	Pay Basis:	Sick Leave Hours Balance:	Hours/Week:	Hourly Rate:
Annual Sick Leave Calculation:		Annual Leave Carry Forward:		Sick Leave Carry Forward:	
Accounting Information:	Override:	Comments:			

If grant funded, does the grant allow for annual leave?     Yes     No

_____ Human Resources' Signature	_____ Date	_____ Payroll's Signature	_____ Date
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