

POST-RETIREMENT SERVICE PROGRAM NOTICE OF FINAL APPROVAL

(Addressee)

This serves as notification that your Post-Retirement Service Program Agreement for __ (Semester/Year) __ through __ (Semester/Year) __ was approved by the President effective __ (MM/DD/YY) __. Attached is a copy of the signed agreement for your records. Your decision to retire and to participate in the Post-Retirement Service Program is revocable for seven (7) days following execution of the Agreement.

Human Resources Officer

Date