

MONTE VISTA SCHOOL DISTRICT
EARLY RETIREMENT PAYMENT AGREEMENT – POLICY GCQEA

This Early Retirement Payment Agreement made on _____ (date) between _____ (employee) and Monte Vista School District C-8 subject to the following factors:

1. Years of Service _____
2. Base Salary _____
3. Total retirement percentage of base salary _____
4. Total retirement stipend _____
5. Number of yearly stipends _____
6. Yearly stipend amount _____

I acknowledge that my yearly stipend will be paid on the following dates, no later than:

- | | |
|----------------------|----------------------|
| 1. January 31, _____ | 4. January 31, _____ |
| 2. January 31, _____ | 5. January 31, _____ |
| 3. January 31, _____ | |

_____	_____
Employee	Superintendent

EARLY RETIREMENT STIPEND BENEFICIARY

Full Name of Primary Beneficiary _____

Date of Birth _____ SSN _____ Relationship _____

Address _____

Full Name of Contingent Beneficiary _____

Date of Birth _____ SSN _____ Relationship _____

Address _____

Employee Signature

Date

Witness (other than Beneficiary)

Date