

TEACHERS' ASSOCIATION

Application for Longevity Increment

Pursuant to the collective bargaining agreement between the St. Lawrence-Lewis BOCES and the St. Lawrence-Lewis BOCES Teachers' Association, Article XII, Section A, Longevity Increment,

I, the undersigned, verify the following:

1. I am a unit member of the St. Lawrence-Lewis BOCES Teachers' Association;
2. I have submitted an irrevocable letter of resignation for the purpose of retirement effective _____;
3. I have a minimum of 15 years actual (not credited) service with SLL BOCES;
4. I am requesting the longevity increment of \$10,000, to be deposited in my non-elective 403(b) account;
5. I elect payment in the following manner -

_____ A one-time contribution no later than July 31st following my effective date of retirement;

_____ A one-time contribution no later than July 31st following my notification of retirement, up to five (5) years preceding my effective date of retirement.

** 403(b) account must be set up prior to submitting this form **

Signature	Date	Printed Name	SS# (last 4 digits)
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*This form must be submitted to the BOCES Purchasing Agent, St. Lawrence-Lewis BOCES Central Office, PO Box 231, 40 West Main Street, Canton, NY, 13617. Deadline for submission: one year prior to retirement date or, for early contribution, one year prior to the scheduled 403(b) contribution; however, the BOCES Board will waive the one-year notification if notice is provided by **January 1st** of the calendar year in which the resignation is to be effective; further, in extraordinary circumstances and with the recommendation of the District Superintendent, the January notification may be waived by the BOCES Board.*