

President

University of Pennsylvania

Re: Retirement for Enhanced Sick Leave Payout Program

Dear President _____,

I am writing to notify you of my intent to retire effective _____ in order to participate in the Enhanced Sick Leave Payout Program. The decision to retire is solely my decision.

I understand that the Enhanced Sick Leave Payout Program will provide me with an enhanced sick leave payout upon my retirement, which must occur on or before August 22, 2025. I understand that my decision to retire, once accepted by the University, is irrevocable, unless due to unforeseen circumstances I am unable to complete the required years of service by June 30, 2025.

Sincerely,

Signature of Faculty Member

Printed Faculty Member Name

Retirement Accepted by

President or Designee

Date

c: University Human Resources Director