

Date: _____

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 _____.
The decision to retire is solely my decision.

I understand that the decision to retire, once accepted by the University, is irrevocable.

Sincerely,

Signature of Employee

Printed Employee Name

Retirement Accepted by:

President or Designee

Date

c: _____ University Human Resources Director