

**POST RETIREMENT SERVICE PROGRAM
APPLICANT INFORMATION**

Name: _____ M #: _____

Pre-Retirement Information:

Base Salary: \$ _____

Type of Appointment: 9-month (AY) _____ 12-month (FY) _____

Work Assignment _____

Non-Instruction Hours _____

Proposed PRSP Salary: \$ _____

Insurance Supplement \$ _____

Total PRSP Payment \$ _____