



SURVEY: USD EARLY RETIREMENT PROGRAM

USD# _____

Please email survey to kalbright@ksde.org (sign, date, and attach PDF doc) - November 15

All USDs please submit: If an early retirement incentive program is not offered, answer NO on question 1, sign below and return.

1. Do you **currently** offer an early retirement program in your district? YES NO

If you answered yes above, please answer questions 2-7 below, sign, date and return.

If an ER program was discontinued in one of the years shown but benefits continue to be paid, answer NO on question 1 and: on question 7, state the year the ER incentive plan stopped; and on questions 2, 3 and 4, enter cost of ER benefits and number of employees receiving benefits.

	Actual 2022-2023	Actual 2023-2024	Estimated 2024-2025	Estimated 2025-2026	Estimated 2026-2027	Estimated 2027-2028
2. Cost of Early Retirement Benefits	\$	\$	\$	\$	\$	\$
3. List below the <u>total number of retirees</u> who are receiving benefits:						
a. Administrative employees						
b. Other Certified employees						
c. Non-Certified employees						
4. Potential Cost Savings (due to early retirement)	\$	\$	\$	\$	\$	\$

5. What benefits are included in your Early Retirement Program plan during 2024-2025?
If yes, provide total est. cost this year.

a. Health Insurance	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<u>2024-2025 est. cost</u>
b. Cash Payment	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
c. Other (explain below)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____

6. On July 1, 2024, how many current employees were eligible for your Early Retirement Program with at least 85 points?

a. Administrative	_____
b. Other Certified	_____
c. Non-Certified	_____

7. Briefly describe the benefits of your Early Retirement Program (i.e. number of years of retirement benefits, etc.):

_____ Date _____ Signature of Chief School Administrator _____ USD Number