

**BROKEN BOW PUBLIC SCHOOLS
APPLICATION FOR LONGEVITY INCENTIVE**

Name: _____

Address: _____

Application Date: _____ Retirement Date: _____

Beneficiary:

List in order of preference. List full legal name. If you wish any of your beneficiaries to share equally, please bracket their names and so indicate.

1. _____
Full Name Address Relationship
2. _____
Full Name Address Relationship
3. _____
Full Name Address Relationship

I understand the longevity incentive has been determined to be taxable income for state and federal income tax and social security purposes.

Signature: _____ Date: _____

State of _____
County of _____
On this _____ day of _____, 20____, _____
personally appeared before me, who is personally known to me, to be the signer of the foregoing document, and he/she acknowledged that he/she signed it.

Notary Public Seal
My Commission Expires: _____

Approved by: _____ Date: _____
Superintendent of Schools

Approved: 11/10/2015 Reviewed: Revised:
Broken Bow Public Schools Policy Manual

To be completed by the office when contract year is complete

Number of Unused Sick Days: _____ X \$150.00 per unused sick day

Total Amount Due: _____

Payments will be made in: January _____ and January _____

Staff Signature: _____ Date: _____