

Exhibit C

2018 SHAWNEE STATE UNIVERSITY
VOLUNTARY RETIREMENT INCENTIVE PLAN
ACCEPTANCE OF OFFER

I understand that I am eligible to participate in the 2018 Shawnee State University Voluntary Retirement Incentive Plan. I understand that by accepting the University's offer, I will receive a retirement incentive payment in accordance with the 2018 Voluntary Retirement Incentive Plan documents and any applicable memorandum of understanding between Shawnee State University and a collective bargaining unit to which I am subject.

IMPORTANT TERMS AND CONDITIONS

- I understand that I am retiring as a participant in the Shawnee State 2018 Voluntary Retirement Incentive Plan and that I must retire on or before January 1, 2019.
- *I understand that my retirement, once accepted, cannot be changed or revoked outside any applicable rescission period.*
- I understand that I do not qualify for unemployment compensation.
- Retirement incentives are subject to income tax but are not subject to retirement contributions or included in the life insurance coverage calculation. I acknowledge that I have had the opportunity to consult with my retirement plan provider (OPERS/STRS/ARP) and legal counsel to determine the impact of accepting the retirement incentive and retiring on or before **January 1, 2019**.
- I understand that participation in this Plan is not a guarantee or promise that the University will not now or in the future reduce its workforce through position elimination or layoff.
- I understand and acknowledge that I have no right to re-employment with the University following retirement. Future employment with the University will be at the sole discretion of the University.

Last Name

First Name

Middle Initial

Shawnee State ID #: _____

Separation Date (last date worked): _____

Effective Date of Retirement: _____

(OVER)

RETIREMENT - I hereby am retiring as a participant in the Shawnee State University Voluntary Retirement Incentive Plan. I understand and acknowledge that my decision to participate is purely voluntary and that I must retire on or before January 1, 2019.

I understand that my retirement, once accepted, is irrevocable.

Signature of Employee

Date

On behalf of the University, I accept your retirement as specified above.

President/Designee

Date

PLEASE RETURN TO HUMAN RESOURCES, BY 5:00 P.M., DECEMBER 11, 2018.