

Request to Waive Waiting Period for Institution Plan Contributions to the University of Puget Sound Retirement Savings Plan

Name: _____ Campus Phone Number: _____

Department: _____ E-mail Address: _____

This form is to be used by faculty and staff requesting to waive the one year waiting period to receive institution plan contributions to the retirement savings plan. To be approved for this waiver, all of the following conditions must be met:

1. *Must have worked for an eligible employer, which is any regionally accredited non-profit or public institution of higher education.*
2. *Must have been employed with the eligible employer within the 3-month period immediately preceding employment at the University of Puget Sound.*
3. *Must have worked for the eligible employer for at least 12 months and satisfied the Year of Service requirement with that employer.*

By completing this form you are indicating you meet the above criteria.

Name of Eligible Employer:	
Dates of Employment with Eligible Employer:	/ / TO / /
Full Time Equivalency at Eligible Employer: (e.g full time = 1.0 FTE, 3/4 time = 0.75 FTE, 1/2 time = 0.5 FTE)	FTE

If approved, you will start receiving institution plan contributions on the first day of the month following, or coinciding with, your first day of employment at the University of Puget Sound **or** your submission of this written notification to Human Resources, whichever is later. The waiver cannot be applied retroactively.

I have completed one year of service with an eligible employer as described above.

Signature

Date

Approved by

Effective Date of Institution Contributions:

Signature

Date