EXHIBIT A



DU PAGE COUNTY REQUEST FOR EARLY DISBURSEMENT OF RETENTION BENEFITS-NON-RETIREE

• Submit this completed form to the hor.no.in/hor.no.

Print Name	Employee ID Number:
Department Name:	
am requesting a payout of the retention benefits that I have earned. Only those employees that began their employment with DuPage County on or before November 30, 2002, and have continuous service with DuPage County are eligible for retention benefits (see Policy 6.5 – Employee Retention). I understand that this is a one-time request, and I will be paid my entire retention benefit balance. Once this benefit has been paid out, I understand I am no longer eligible for this benefit.	
am eligible for	hours, which equal 120 days of retention pay.
Retention benefits are allowed to be paid out in one full payment, or two partial payments, at the employee's direction. If electing two partial payments, these payments must be paid within a six (6) month period. If an employee elects to take two partial payments, the payments do not have to be an equal number of hours. Employees will be paid based upon their payrate at the date of their actual payment(s). Payment(s) for these requests will be processed on the ndicated payroll, assuming the request has been submitted a minimum of twenty (20) days prior to the requested payroll.	
understand that if I elect to take two (2) partial payments, once the first payment is made, I must take the second payment within six (6) months, as indicated below.	
Please include your requested retention pay schedule below:	
Payroll Date Requested	Retention Requested (in hours) – Total 120 days
Employee Signature:	Date:

cc: Human Resources Department