UNIVERSITY OF MINNESOTA

RELEASE #2 - Phased Retirement

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	Rev: June 2019

Sign on your Last Day of Employment
(Last day of the Phased Retirement)

In consideration of the benefits provided to me under the University of Minnesota Phased Retirement Program, I, on behalf of myself, my agents, heirs, and next-of-kin, hereby release the University of Minnesota and its Regents, administrators, employees, and representatives from any actions, suits, demands, liabilities, judgments, and damages, and agree not to institute any action for damages, including but not limited to wages, back pay, compensatory damages, punitive damages or attorneys' fees, including those that arise from a claim under Title VII, 42 U.S.C. §§ 2000e, et seq., the Age Discrimination in Employment Act, 29 U.S.C. §§ 621, et seq., or the Minnesota Human Rights Act, Minn. Stat. §§ 363A.01, et seq., whether known or unknown, arising out of or related to any employment with the University prior to the date of this Release, excluding workers' compensation claims.

Notice is hereby given pursuant to 29 U.S.C. § 626 (f) that this Release applies to claims arising under the Age Discrimination in Employment Act. I understand that I may revoke this Release during the seven-day period immediately following the signing of this Release. I also understand that the Phased Retirement Program Agreement shall not become enforceable until the seven-day period has passed. Notice is hereby given pursuant to Minn. Stat. § 363A.031 that to the extent that this Release applies to claims arising out of the Minnesota Human Rights Act, Minn. Stat. §§ 363A.01, et seq., it may be rescinded within fifteen (15) calendar days of the date it is signed. The rescission shall be effective only if in writing and hand-delivered or postmarked within fifteen (15) days, sent by certified mail return receipt requested, and properly addressed to Ken Horstman, Sr. Director of Total Compensation, University of Minnesota, Office of Human Resources, 100 Donhowe Bldg., 319 15th Avenue SE, Minneapolis, MN 55455-0103.

Should the Release or any portion of the Release be rescinded in an effective and timely manner as described above, I understand that I will not be entitled to receive any of the benefits or privileges available under the Phased Retirement Program and agree to immediately return upon my rescission all monies paid me under said Agreement.
I acknowledge that I had been informed in writing of my right to consult an attorney, and have done so or elected not to do so, and that I had up to 45 days to consider this Release. I also acknowledge that this Release is written in understandable language, that I have read and understand the terms of this Release, and that I am knowingly and voluntarily signing this Release.

_____ _____
Date Signature

_____ Name (printed)

_____ Employee ID Number

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