NOTICE OF INTENT TO RETIRE

To Whom It May Concern:		
I,	(UIN#) will be
retiring from the University of Illinois on		
NOTE: Only fill out this portion if S	URS has notified vo	ou of the # of SICK hours you need
to complete your # of service years.	Orto has nothica ye	ou of the # of Stell flours you need
I will be using Compensable towards retirement.	hours of Sick-	- Non Compensable and/or Sick
Compensable towards retirement.		
Thank you,		
Thank you,		
Signature		