RETIREMENT INCENTIVE PROGRAM PLAN

AGENCY NAME: _____ **AGENCY CODE:** _____

AGENCY CONTACT: _____ **PHONE NUMBER:** _____

DATE: _____

Forward completed forms to:

Task Force on State Work Force Management and Employee Deployment
c/o John V. Currier, Acting Director
Governor's Office of Employee Relations
Empire State Plaza, Agency Building 2, Suite 1201
Albany, NY 12223-1250

and
c/o Mr. John E. Burke, Chief Budget Examiner
Division of the Budget
Room 117, State Capitol
Albany, NY 12224

cc:
[Chief Budget Examiner, Agency Examination Unit]
Division of the Budget
Room ___, State Capitol
Albany, NY 12224

TITLE CODE	TITLE	ITEM NUMBER	BARGAINING UNIT	SALARY GRADE OR N/S EQUIVALENT	FACILITY/ LOCATION	NO. OF TARGETED POSITIONS	EFFECTIVE DATE
	`						