

Phased Retirement Program Application

Part I. To be completed by Employee (please print):

Name: (Last) _____ (First) _____ (Middle Initial) _____ (Suffix) _____

Department: _____	Position Title: _____
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Email Address: _____	Telephone Extension: _____
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Proposed Date to Begin Phased Retirement: _____

Proposed Date to End Phased Retirement: _____

Official Retirement Date: _____

During this period of phased retirement, my reduced effort (FTE) would be:

_____ FTE for the period _____ through _____

Please be sure to attach required attachments as indicated in the Phased Retirement Plan document.

I understand that, once signed, this agreement is irrevocable unless mutually agreed to by both me and the Vice President of my Division. I understand this application must be approved by my immediate supervisor and up through managerial channels to the Vice President for my Division. I enter into this agreement voluntarily and any questions regarding it have been answered to my satisfaction.

I have been advised that it may be prudent to consult an attorney or tax advisor as to the possible implications of my changed status (part-time employment) and that I have consulted with the benefits team of the Human Resources Department regarding benefits implications.

Part II. Signature of Employee:

Signature: _____	Date: _____
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Part III. Signature of Supervisor:

Signature: _____	Date: _____
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Part IV. Signature of Second Level Supervisor:

Signature: _____	Date: _____
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Part V. Signature of Vice President:

Signature: _____	Date: _____
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