

# 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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