

Phased Retirement Request Form

I. Employee Information:

Name:	Budget Title:
Department:	Telephone Number:
Brief description of your proposed program for phased retirement including reduced FTE: (Attachment is acceptable)	
Proposed start (beginning of business) and end date (close of business) of phased retirement:	

I am interested in taking advantage of the Phased Retirement Program and request that my application be considered. If approved, I understand that I will need to submit an irrevocable letter of resignation for purposes of retirement.

Employee Signature: _____ Date: _____

II. Acknowledgments/Approvals

A. Supervisor Acknowledgment:

Signature: _____ Date: _____

B. Human Resources Acknowledgment: (confirmation of retirement eligibility)

Signature: _____ Date: _____

C. Dean/Director:

- ☐ Approved
- ☐ Disapproved

Signature: _____ Date: _____

D. Provost/VP

- ☐ Approved
- ☐ Disapproved

Signature: _____ Date: _____

E. College President

- ☐ Approved
- ☐ Disapproved

Signature: _____ Date: _____