

AGREEMENT FOR PHASED RETIREMENT FORM

This form documents Phased Retirement related to AR 3:2 for the following employee.

_____ Employee Name	_____ UK ID#
_____ Employee Phone Number	_____ Department
_____ Employee Position Number	
Date Phased Retirement will begin:	_____ (Must be beginning of a pay period)
Date Phased Retirement will end:	_____ (Must be less than 3 years from eff. date)
Phased Retirement FTE	_____ (Must be between .50 FTE and .80 FTE)
Phased Retirement Salary	_____

Human Resources Acknowledgement:

This employee meets the criteria for University retirement (AR 3:1) and is eligible to request phased retirement in accordance with AR 3:2.

_____ Human Resource Official Signature	_____ Date
_____ Print name	

Approvals:

Educational Unit Administrator Signature

Phone Number

Print Name

Date

Dean/Director

Phone Number

Print Name

Date

Vice President/Assoc. Provost

Phone Number

Print name

Date

Executive Vice President/Provost

Phone Number

Print name

Date

Vice President of Human Resources

Phone number

Print name

Date

Employee acknowledgement: I have read and am familiar with the provisions of AR 3:2, and I understand and accept the conditions of Phased Retirement. I have had the opportunity to discuss the Phased Retirement program and this agreement with University Employee Benefits staff or other persons of my choosing, including any attorney or financial advisor. I also understand that I must accept full retirement within the commencement of the agreed upon time period.

Employee Signature

Date