

AGREEMENT FOR STAFF PHASED RETIREMENT FORM

University of Kentucky

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

Employee Name

Person 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

Phased Retirement FTE

Phased Retirement Salary

Scheduled work time

(Attach any additional provisions)

Approvals:

Supervisor

Supervisor Phone Number

Dean/Director/Vice President/Assoc. Provost

Dean/Director/Vice President/
Assoc. Provost Phone Number

Executive Vice President/Provost

Date Approved

Employee acknowledgement: I have read and am familiar with the provision of AR 3:2 and understand the conditions of Phased Retirement. I also understand that I must accept full retirement within the commencement of the agreed upon time period.

Employee Signature

Date

cc: Human Resource Services, Benefits Office