

AGREEMENT FOR STAFF PHASED RETIREMENT FORM

University of Kentucky

This form documents Phased Retirement related to AR II-1.6-2 for the following employee.

_____ Employee Name	_____ Employee SS#/ SAP ID
_____ Employee Phone Number	_____ Department

Date Phased Retirement will begin	_____
Date Phased Retirement will end	_____
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 II-1.6-2 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
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cc: Human Resource Services, Benefits Office