

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 .5 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/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