

# Agreement for Staff Phased Retirement Form

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

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
UK ID#

\_\_\_\_\_  
Employee Phone

\_\_\_\_\_  
Department

\_\_\_\_\_  
Employee Position Number

Date Phased Retirement will begin:

\_\_\_\_\_  
(Must be beginning of a pay period)

Date Phased Retirement will end:

\_\_\_\_\_  
(Must not exceed 3 years from effective date)

Phased Retirement FTE:

\_\_\_\_\_  
(Must be at least .50 FTE but not more than .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 Resources Official

\_\_\_\_\_  
Date

**Approvals:**

\_\_\_\_\_  
Educational Unit Administrator

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Dean/Director/Vice President/Assoc. Provost

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Executive Vice President/Provost

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Vice President for Human Resources

\_\_\_\_\_  
Phone Number

**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