



UNIVERSITY OF
ST. THOMAS

PHASED RETIREMENT REQUEST FORM

Name: _____

Department: _____

Position: _____

I, _____, formally submit my application for phased retirement in accordance with the University's phased retirement policy and confirm that I meet the eligibility requirements. I understand that the phased retirement program covers up to a three year period.

Date phased retirement would begin: _____.

The proposed reduced work schedule is as follows:

Year One (date) _____ – _____; Hours _____.

Year Two (date) _____ – _____; Hours _____.

Year Three (date) _____ – _____; Hours _____.

I understand that my eligibility to participate in the medical, dental, vision, group life, and retirement plans will remain in effect while on phased retirement as long as I continue to pay the current employee premiums. The Phased Retirement program does not affect my employment relationship with the university. I understand that once my Phased Retirement request is approved it is irrevocable.

Employee Signature

Date

Approval:

Vice President or Dean

Date

VPAA (for Faculty Only)

Date