

**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 .50 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

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
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

**\*Vice President/Associate Provost signature only required for multi-year agreements**

**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