

 THE UNIVERSITY OF IOWA
**REQUEST TO PARTICIPATE IN THE
PHASED RETIREMENT PROGRAM**

ELIGIBILITY: Employee must be at least 57 years old with 15 years of service

MERIT	MERIT CONFIDENTIAL	MERIT EXEMPT	FACULTY	PROFESSIONAL & SCIENTIFIC
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Name: _____ **Phone #:** _____ **Employee ID #:** _____

Date of Birth: _____ **Department:** _____ **Years of Service:** _____

Starting Date of Phased Retirement: *Month:* _____ *Day:* _____ *Year:* _____

Note: The 12-month faculty member may enter the phased retirement period at any time and end the phased retirement period at any time. The 9-month faculty member may not begin or end the phased period during the summer months and must begin the phased retirement period at the beginning of an academic semester and end it at the end of an academic semester.

Employment and benefits will continue through either 12/31 of the year of retirement for a 9-month faculty member retiring after the fall semester or 6/30 of the year of retirement for a 9-month faculty member retiring after the spring semester.

Length of Phased Retirement in years (max of 2 years): _____ **Expected Last Day of Work:**
Month: _____ *Day:* _____ *Year:* _____

Percentage of time to be worked (range must be between 50-65%):

First Year: _____ Second Year: _____

If a one-year agreement or less, the appointment must be at 50% with no incentive.

Faculty or Staff Member Signature: _____ **Date:** _____

Dept Use Only:

Salary Incentive for Year 1: **No** **Yes**
(up to 10% salary incentive)

APPROVED BY:

Departmental Executive Officer

Signature: _____ Print Name: _____ Date: _____

Dean/Major Administrative Officer

Signature: _____ Print Name: _____ Date: _____