

UNIVERSITY OF HARTFORD

Application for Voluntary Phased Retirement Plan for Full-time Staff

Regular full-time staff member who are at least 55 years of age and have completed a minimum of 10 continuous years of employment at the University of Hartford are eligible to apply for a Voluntary Phased Retirement Plan (the "Plan"). During an approved Plan, the University of Hartford continues to retain all rights traditionally associated with the doctrine of employment at will, so long as the exercise of these rights does not conflict with any law.

Name: _____ Department: _____

Job Title: _____ Date of Hire: _____

Proposed Start Date of Phased Retirement: _____

I am applying for the following Plan (please check one):

Six Months

One Year

Two Years

Other _____

My signature below certifies that:

- 1) I am voluntarily applying to participate in this Plan. I have read the full description of the Plan and agree to all of its provisions.
- 2) I have consulted with my supervisor concerning this application and the work expectations during my phased retirement. A description of my anticipated workload is attached to this form. This description includes how the workload will be reallocated and how quality will be assured.
- 3) I have consulted with Human Resource Development concerning my benefits during phased retirement and after final retirement.

Select the following Vacation Option at the onset of my Plan:

- One-time cash-out of all unused vacation time
 - One-time cash-out of a portion (_____ hours) of unused vacation time and use remaining vacation time to supplement reduced salary (only during Year 1 of the Plan).
 - Use all unused vacation time to supplement reduced salary (only during Year 1 of the Plan).
- 4) If accepted into this Plan, I shall retire from the University of Hartford by _____ (specify month, day, year). I understand that I may retire earlier, but I may not delay my retirement.
 - 5) If I choose to retire earlier than described in my application, I will make such a request in writing to my supervisor at least 60 days in advance of anticipated retirement date.

I agree with the terms and conditions of this application. To the best of my knowledge, I confirm that my participation in the Plan will result in a positive economic benefit for the University.

Staff Member's Signature

Date

I agree with the terms of this voluntary phased retirement plan application.

Supervisor Signature

Date

Officer's Signature

Date