

## Application for Phased Retirement Appointment

Name: \_\_\_\_\_

Empl ID: \_\_\_\_\_

Department: \_\_\_\_\_

Title: \_\_\_\_\_

Date of departure from benefited University employment (date employment will fall below 50%): \_\_\_\_\_

Start date of phased retirement appointment: \_\_\_\_\_

End date of phased retirement appointment: \_\_\_\_\_

Percentage of time to be worked (with dates of changes and new percentages, if applicable): \_\_\_\_\_

Biweekly compensation: \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office/Space Assignment: \_\_\_\_\_

I understand that, in order to receive the longevity payments provided to retirees under the MSP contract, I must begin drawing from my ORP account within three years of my departure from benefited University employment.

I understand that if any portion of my phased retirement appointment is at less than 50%, I will no longer hold a benefited position with the University and must contact Human Resources to arrange for continuation of benefits, including, but not limited to, health insurance through the Massachusetts Group Insurance Commission.

I understand that I have seven days from the date I sign this application to rescind my application.

**I understand that by signing this application, I am, in return for the University's agreement to grant the phased retirement appointment for which I have applied, submitting my non-rescindable resignation from the University of Massachusetts Amherst effective the above "End date of phased retirement appointment" and forfeiting any rights to employment by the University beyond that date.**

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Approval of department head/chair: \_\_\_\_\_

Date: \_\_\_\_\_

Approval of dean: \_\_\_\_\_

Date: \_\_\_\_\_

Approval of Provost: \_\_\_\_\_

Date: \_\_\_\_\_

cc: MSP Office