



## PHASED RETIREMENT REQUEST

### PHASED RETIREMENT ELIGIBILITY REQUIREMENTS

- Full-time employee
- Age fifty-five (55) or more
- Ten (10) or more years of continuous state service
- Provided written notice of retirement date to manager/supervisor

If you meet the eligibility requirements above and are interested in requesting to participate in phased retirement, complete the fields below and submit this request form to your supervisor. You are not required to participate in the phased retirement program; participation in the phased retirement program is entirely voluntary.

The appointing authority has the discretion whether or not to offer you phased retirement. In addition, the appointing authority may, at its discretion, cancel your participation in the phased retirement program.

You may cancel your participation in the phased retirement program at any time. However, an employee-initiated cancellation is subject to the process for collection of overpayments. In addition, if your supervisor has accepted your resignation date, the Appointing Authority is entitled to enforce your resignation.

In all cases, phased retirement must end no later than June 30, 2019.

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Request Date:

Employee Name:

Agency Name:

Employee ID #:

Classification:

Work Location:

Date of Full Retirement and Resignation:

**Employee Signature:** \_\_\_\_\_ **Date:**

**STOP. Submit this form to your manager/supervisor**

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## Attachment B – Phased Retirement Request Form

### For Manager/Supervisor

This constitutes acceptance of employee’s effective date of full retirement and resignation, as indicated above.

Manager/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following section should be completed during discussions with the manager/supervisor, human resources, and employee.

### PHASED RETIREMENT SCHEDULE REQUEST

Start date of phased retirement:

End date of phased retirement (generally not to exceed three (3) months without appointing authority approval): \_\_\_\_\_

Number of hours requested to work per week (must be at least 50% time):

#### Phased Retirement Schedule Request

Day of the Week	Work Hours (for example 8 a.m. – 4:30 p.m.)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

**Total work schedule must be at least 50% time.**

### EMPLOYMENT CONDITIONS

Your job duties, responsibilities, and obligations of the position, as well as the related terms and conditions of employment as specified in the collective bargaining agreement/plan are not affected by this agreement.

### PERFORMANCE EXPECTATIONS

You are responsible for maintaining work performance at or above expectations.

## **Attachment B – Phased Retirement Request Form**

### **RESPONSIBILITIES DURING PHASED RETIREMENT**

Describe the specific duties/responsibilities during the phased retirement period such as training of new employee, project/task completion, job/process documentation, etc.

### **SPECIAL CONDITIONS**

List any additional instructions, conditions, restrictions, or exceptions relating to this agreement (vacation, holiday, sick leave, flex time, etc.).

**Attachment B – Phased Retirement Request Form**

**PHASED RETIREMENT PILOT PROGRAM**

I have read, understood, and agree to the State of Minnesota’s phased retirement pilot program terms and conditions specified in my collective bargaining agreement or compensation plan, and this agreement.

I acknowledge that phased retirement is a voluntary work arrangement and that my participation in the phased retirement program is entirely voluntary. I also understand that the appointing authority may cancel my participation in the phased retirement program at any time.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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I approve the request for phased retirement.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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I approve the request for phased retirement.

Division Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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The above employee meets the eligibility requirements.

- Full-time employee
- Age fifty-five (55) or more
- Ten (10) or more years of continuous state service
- Given written notice of retirement and resignation date (Date: \_\_\_\_\_ )

HR Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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*Original to Personnel File    Copy to Employee    Copy to Supervisor    Copy to Payroll*