



REQUEST TO PARTICIPATE IN THE UNIVERSITY OF IOWA'S PHASED RETIREMENT PROGRAM

<input type="checkbox"/> MERIT EXEMPT <input type="checkbox"/> MERIT	<input type="checkbox"/> FACULTY	<input type="checkbox"/> PROFESSIONAL/ SCIENTIFIC STAFF
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Name _____ Phone # _____

Employee ID# _____ Birth Date ____ / ____ / ____

Department _____ Years of Service _____

Starting date of Phased Retirement ____ / ____ / ____

Length of Phased Retirement (if known) _____ years (maximum of 5 years)

Percentage of time to be worked during First Year _____

Second Year _____ (if known)

Third Year _____ (if known)

Fourth Year _____ (if known)

Fifth Year _____ 50%

Eligibility

Staff must be at least 57 years old with 15 years of service.

Faculty or Staff Member _____ Date _____

APPROVED BY:

Departmental Executive Officer _____ Date _____

Signature

Print Name

Dean/Major Administrative Officer _____ Date _____

Signature

Print Name

After approval, this form should be forwarded to the Provost's Office (111 JH) for faculty members, and to The University Benefits Office (120-40 USB) for Merit and P&S Staff. A Phased Retirement Contract will be drawn up and returned to the department for processing.