

PHASED RETIREMENT PROGRAM

REQUEST TO PARTICIPATE PROFESSIONAL/ STAFF

Instructions: Prior to submitting this form for approval please review the Policy on Phased Retirement, discuss participation in the Phased Retirement Program with your supervisor and consult with your financial advisor(s), if applicable. Please contact the Employee Benefits Office with any questions you may have about the Phased Retirement Program.

Name:			BSU ID #:		
Department:			Job Title:		
Proposed Start Date:			Proposed Retirement Date:		
Fiscal Year			art	End/ Retirement	Percentage
Beginning	Ending	Date		Date	of Full-Time
Example: 2020	2021	07/01/2020		06/30/2021	75%
The term of the Phased Retirement Agreement may be for a period of at least one year but no more than three years.					
I hereby request to participate in the University's Phased Retirement Plan. I have read and understand the Phased Retirement Policy, including the eligibility requirements described therein. Employee Signature: Date:/					
To Be Completed by the Department/ Administrative Unit					
How will department cover remaining assignment?					
Current Hire Date:					
Supervisor Signature:		Printed Na	me and Title:		Date Approved:
Director/ Department Head Signature (if applicable):		Printed Na	Printed Name and Title:		Date Approved:
Administrative Unit Head Signature :		Printed Na	Printed Name and Title:		Date Approved:
Submit to Department Vice President for Approval					
Vice President Signature:					Date Approved:

Vice President's Office: Please forward the approved request to the Benefits Office to initiate the development of the formal Phased Retirement Plan Agreement and approval of the Vice President of Business Affairs and Treasurer.