REQUEST FOR FLEXIBLE RETIREMENT

The University's [flexible/phased retirement policy](https://www.dundee.ac.uk/corporate-information/flexible-phased-retirement) provides guidance to qualifying members of the relevant pension scheme who may be interested in Flexible/Phased Retirement. 

Flexible retirement offers opportunities and benefits to both the employer and the employee. Enabling staff to reduce their working hours has significant benefits for the staff member such as improving their work life balance as they move to full retirement. And for the University, as it facilitates workforce planning and knowledge transfer. 

A structured and planned approach is taken to flexible retirement at the University and on an annual basis, applications for flexible retirement will be invited. The deadline and further information on the process can be found on the [Flexible Retirement SharePoint](https://dmail.sharepoint.com/:u:/r/sites/HumanResources2/SitePages/Flexible-Retirement-Call.aspx?csf=1&web=1&e=p0MdKg).

## **Section 1 – to be completed by the member of staff making the request**

## **Employee Details**

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| **Name:** Click here to enter text. **Staff ID:** Click here to enter text. **Date of Birth:** Click here to enter text. **NI Number:** Click here to enter text. **Directorate/School:** Click here to enter text. **Unit:** Click here to enter text.  **Job Title:** Click here to enter text. |
| **Signature:**   **Date:** DD/MM/YY |

## **I wish to submit a statutory request for flexible/phased retirement as detailed below.**

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| **Current working hours and pattern:** |
| Click here to enter text. |
| **Please set out the working hours and pattern that you are seeking.** *For example, if you wish to change your hours of work, please state what your current hours are and what you would like to be your new hours to be. Please note that for members of NHS SS, there must be a reduction in pensionable pay of at least 10% for the first 12 months.* |
| Click here to enter text. |

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| **I would like the above change(s) to my working hours/pattern to take effect on:** *Noting that a minimum 3 months’ notice after approval date is required for pension processing.* | DD/MM/YY |
| **Current Grade:** | Click here to enter text. |
| **Requested Reduction in Salary Grade:** *If applicable, for members of NHS SS, LGPS or STSS* | Click here to enter text. |
| **I am aware that a role change may mean a change to contract and/or grade.** | Yes/No |

## **Pension Scheme Benefits** *Please only answer the questions relevant to your pension scheme.*

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| --- | --- |
| **Pension Scheme:** | Choose an item. |
| **Proposed percentage of pension scheme benefits to be taken at this flexible retirement event.**  *USS: min. 20 – 80%; UoDSS: 100%: NHS SS: 20 – 100%; LGPS: up to 100%; STSS: up to 75%.* | Click here to enter text. |
| **Is this the 1st or 2nd Flexible/Phased Retirement?** *Relevant to USS, NHS SS and STSS* | Click here to enter text. |
| **Effective date of Flexible Retirement** (day prior to change of workinghours/pattern)**:** | DD/MM/YY |

## **Section 2 – to be completed by the Dean or Director**

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| **Request supported:** | Yes/No |
| **Reason not supported, if relevant:**  *If not supported, please discuss with your Senior People Partner before signing the form and writing to the member of staff to confirm this.**Click on ‘Choose an item’ for drop down options.* | Choose an item. |

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| **Comments from the Dean/Director:** *i.e. nature of impact on the School/Directorate* |
| Click here to enter text. |
| **Dean/Director’s Name:**  **Signature:**   **Date:** DD/MM/YY |

## **Section 3 – to be completed by the Senior People Partner**

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| **I confirm that I have reviewed the request and discussed with the Dean/Director:** | Yes/No |

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| **Comments from the Senior People Partner:** |
| Click here to enter text. |
| **I confirm that the proposed change/reduction to role will result in a change to contract and/or grade.** |
| Yes/No |
| **Details of any change to contract and/or grade as detailed below:**  Click here to enter text. |
| **Senior People Partner’s Name:**  **Signature:**   **Date:** DD/MM/YY |

## **Section 4 – PRG Decision**

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| **Request approved:** | Yes/No |
| **Reason not approved, if relevant:** | Choose an item. |

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| **Any additional comments:** |
| Click here to enter text. |

*Copies of approved requests should be sent to the applicant, Pensions Office and saved in the applicant’s personal file.*