University of Central Florida
Request for participation in the Phased Retirement Program (PRP)

Per Article 24.6 of the UCF BOT-UFF Collective Bargaining Agreement (CBA), to participate in the Phased Retirement Program, employees must have six years of creditable service in the Florida or Teachers Retirement System (FRS, TRS) or Optional Retirement Program (ORP). Employees older than 63 years of age, who have received notice of non-reappointment, layoff, or termination, or are participating in the State’s Deferred Retirement Option Program (DROP) are not eligible for this program.

All participants must retire and thereby relinquish all rights to tenure as outlined in Article 24.6 of the CBA. Any questions relating to the terms and conditions of the Phased Retirement Program as outlined in Article 24.6 should be directed to Faculty Relations, including rights, leave and payment of unused leave, re-employment, compensation, resignation, salary increases, preservation of rights, payroll deductions, contracts and grants, OPS exception, and pre-tax benefits programs are addressed by this Article and should be referred to Faculty Relations in the Office of Academic Affairs.

This form serves as written notice to the University of the employee’s decision to participate in the Phased Retirement Program (PRP). By choosing to participate in the program, the employee must retire with an effective date not later than 180 days, nor less than ninety (90) days after this notice is submitted to his/her direct supervisor, who should send it on to the dean or unit head and to Faculty Affairs. If the end of the 180-day period falls within a semester, the period may be extended to no later than the beginning of the subsequent term (semester or summer, as appropriate).

Employee name: ________________________________  Employee ID: ____________________

Employee date of hire: ___________ Years of Service ________ DOB: ________________

Effective date of retirement: _____________________

College/Department: ____________________________________________________________

Signatures

Employee/Retiree: __________________________ Date: _______________________

Chair/Supervisor: __________________________ Date: _______________________

College Dean: __________________________ Date: _______________________

Provost or designee: __________________________ Date: _______________________

Cc: Retiree
Chair/Supervisor
Personnel file
Faculty Affairs

Revised 1/26/06