

**REQUEST TO ENTER  
VOLUNTARY PHASED RETIREMENT PLAN (PRP)**

Note: Generally, notice must be given at least six months in advance of effective date. Once request to enter PRP has been approved, decision to enter PRP may not be rescinded by employer except for cause.

I, \_\_\_\_\_, after consultation with the Human Resources Office about the provisions of the Voluntary Phased Retirement Plan, elect to enter Pierpont Community & Technical College's Voluntary Phased Retirement Plan effective \_\_\_\_\_ for a one-year period.

**Faculty election (please check one):**

- 1/3 time in the fall semester and 1/3 time in the spring semester of academic year
- 2/3 time in the fall semester (*all pay will be received during fall semester*)
- 2/3 time in the spring semester (*all pay will be received during spring semester*)

**Non-Classified / Classified election (complete / check following):**

1/3 of employee appointment year as follows

- Consecutive months beginning \_\_\_\_\_ and ending \_\_\_\_\_
- Twelve and one-half hours per week for entire appointment length

I understand that Pierpont Community & Technical College will continue to provide me with all rights and privileges, which are normally extended to faculty, or staff who hold full-time status, except for benefits coverage. No employer paid benefits, other than Social Security and Worker's Compensation, will be provided under the PRP.

I understand my base salary during the period of participation in the PRP shall be reduced to 33%, as of the effective date of the PRP contract. Also, any subsequent pay increases during the remainder of my participation in the PRP will be exactly 33% of the average pay increases provided to faculty and non-classified employee's in each contract year. Classified employee's subsequent pay increases during the remainder of participation in the PRP will be exactly 33% of the raise the employee would have been paid according to the Mercer Classification and funding made available for progress toward the mercer scale.

I understand it is my responsibility to contact the Benefits Office, TIAA/CREF and other appropriate agencies to assure that the appropriate health insurance and other retirement options are properly maintained.

I understand I may, without penalty, at any time, opt to terminate my employment with Pierpont Community & Technical College as a phased retirement employee. If this option is taken, at the termination of employment in the PRP I will have no vested employment rights with Pierpont Community & Technical College.

I understand that at the end of the designated period of phased retirement employment, I have no vested employment rights with Pierpont Community & Technical College. Extension of this program will be considered on a year-to-year basis by mutual agreement.

**Initial Meeting with Human Resources**

The phased retirement plan has been explained to the employee by Human Resources.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant VP / Human Resources

\_\_\_\_\_  
Date

**Current Department / Unit Head Completion**

Will this employee continue employment within the same organizational unit or department?  Yes  No

If yes, please list the duties that this employee will perform during phased retirement (if needed, a list of job duties may be attached to this form):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes, please indicate below how the phased retirement will be funded.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

**Budget Approval**

If the employee will remain in the same department/school, is budget available? If yes, please complete funding information below.  Yes  No

Fund: \_\_\_\_\_ Org: \_\_\_\_\_ Percentage: \_\_\_\_\_

Fund: \_\_\_\_\_ Org: \_\_\_\_\_ Percentage: \_\_\_\_\_

Is this a chargeback condition?  Yes  No

\_\_\_\_\_  
Authorized Budget Signature

\_\_\_\_\_  
Date

Is chargeback to FSU approved?  Yes  No

\_\_\_\_\_  
FSU Vice President for Administrative & Fiscal Affairs

\_\_\_\_\_  
Date

**Cabinet Approval**

After consultation with president, please sign below:

\_\_\_\_\_  
Cabinet Member

\_\_\_\_\_  
Date