

Application for Phased Retirement Appointment

Name: _____
Empl ID: _____
Department: _____
Title: _____

Date of departure from benefited University employment (date employment will fall below 50%): _____
Start date of phased retirement appointment: _____
End date of phased retirement appointment: _____

Percentage of time to be worked (with dates of changes and new percentages, if applicable): _____
Biweekly compensation: _____
Duties and responsibilities: _____

Office/Space Assignment: _____

I understand that, in order to receive the longevity payments provided to retirees under the MSP contract, I must begin drawing from my ORP account within three years of my departure from benefited University employment.

I understand that if any portion of my phased retirement appointment is at less than 50%, I will no longer hold a benefited position with the University and must contact Human Resources to arrange for continuation of benefits, including, but not limited to, health insurance through the Massachusetts Group Insurance Commission.

I understand that I have seven days from the date I sign this application to rescind my application.

I understand that by signing this application, I am, in return for the University’s agreement to grant the phased retirement appointment for which I have applied, submitting my non-rescindable resignation from the University of Massachusetts Amherst effective the above “End date of phased retirement appointment” and forfeiting any rights to employment by the University beyond that date.

Signature of applicant: _____
Date: _____

Approval of department head/chair: _____
Date: _____

Approval of dean: _____
Date: _____

Approval of Provost: _____
Date: _____

cc: MSP Office