



**PRE-RETIREMENT REDUCED WORKLOAD APPLICATION FORM
SALARIED STAFF**

Part A: To be completed by Employee

As per the policy, eligible employees will give twelve months notice in writing to their department head. If you require additional information, please refer to the policy for details including eligibility requirements. Please complete Part A and forward to your department head for discussion.

Employee Name: _____ ID: _____

Name of Department Head: _____ Department: _____

I, undersigned, would like to pursue a pre-retirement workload reduction at _____% commencing on _____

and ceasing at my retirement date of _____. Further, I understand that the resumption of full-time duties prior to retirement will only take place upon mutual agreement between myself and the University.

Employee Signature: _____ Date: _____

Part B: To be completed by Department Head

After discussing this request with HR Specialist, Human Resources Services, please complete this section and submit this form to the Assistant Vice-President, Human Resources. Please ensure both Part A and B are completed.

I support the above proposal for a pre-retirement reduced workload as outlined above. I have discussed the details of this proposal with the HR Specialist, Human Resources Services. I understand that according to the policy, the above employee's annual salary will be adjusted proportionally from the full-time salary. The vacation and personal leave entitlement will be proportionally prorated. I acknowledge that the department will be responsible for the balance of member's pension contributions in addition to the regular employer contributions.

(Please note any additional comments)

Signature of Department Head: _____ Date: _____

Part C: To be completed by Assistant Vice-President, Human Resources

Please sign the following statement and submit this form to Vice President of Administration

I recommend the above applicant be granted approval for pre-retirement reduced workload.

Signature of AVP HR: _____ Date: _____

Part D: To be completed by Vice-President, Administration

Please sign and return this form to Human Resources Services, CSB Room 202

I grant approval for the pre-retirement reduced workload for the above employee.

Signature of VP Admin.: _____ Date: _____

Part E: For Human Resources Services Use Only

- Notification of Approval letter issued to employee
- System updated
- Copy to carry-on folder for Retirement Date: _____
- VIP updated
- Process completed/ Paperwork filed

Human Resources Signature: _____

Date Stamp