

**Iowa State University
Phased Retirement Program Application**

Last Name _____ First Name _____ M.I. _____

University ID # _____ Birth Date _____

Title/Rank _____ Base Salary _____

Department _____

Number of years of employment at ISU by retirement date _____ Appointment Base _____

Phased Retirement Schedule

Dates of reduced appointment
(Begin/End) _____
Proposed phase schedule (50% - 65%) _____
Final Day of Active Employment* _____

*Final day of active employment cannot extend beyond a total of 2 years from start of phased retirement

Describe duties to be performed (attach supplemental description as needed)

Please review the following statements:

I understand that Phased Retirement program provides for a maximum of two (2) years of phasing, beginning on the first day of a reduced appointment and ending on the last day of active employment.

I understand that in the event of my death, salary and retirement contributions end. My surviving dependents may be eligible to continue health coverage by survivorship or COBRA, whichever would apply, and those dependents will assume the full premium costs.

I understand that during my participation in the Phased Retirement Program, all other existing policies applicable to my appointment will continue to apply.

In consideration of the incentive provided by the University, I irrevocably and unconditionally release and forever discharge the University, the Board of Regents, the State of Iowa, and their agents of any and all actions, debts, complaints, liabilities, damages and expenses (including attorney's fees and costs) of any nature whatsoever relating to my employment relationship with the University or separation from the University, including but not limited to claims of discrimination, harassment, or other employment-related complaints or grievances. This waiver and release does not apply to any right of action which may arise after the date of approval of this application.

I have read and understand the Terms and Conditions of the Board of Regents Phased Retirement Program, which are incorporated herein. I wish to request the Phased Retirement Program.

Signature of Employee _____ Date _____

We, the undersigned, have reviewed the application and cost impacts.

Approved Declined
Dept. Chair/Director _____ Date _____

Approved Declined
Dean/Vice President _____ Date _____

Fund/Account Number(s) to be charged _____

RETURN COMPLETED FORM TO YOUR HR COORDINATOR

University of Human Resources
- Benefits Office

Date: _____

Copy of application returned to applicant

Date: _____

Copy of application to SVPP/Provost (only route for Faculty)

Date: _____

Copy of application to Division of Finance
- Office of Payroll, Benefits, & Tax

Date: _____