

APPLICATION

Phased Retirement Program for Clinician Track Faculty

Name

Employee ID Number

Title

Date

Verification of Eligibility:

____/____ Date of Birth
Mo. Year

____/____ Date of Employment with Washington University
Mo. Year

Phased Retirement Plan:

This application is made subject to the Phased Retirement Program effective 01/01/2008.
Please check one of the two following options under the Program:

- _____ Basic Phased Retirement Plan (Up to 3 years with the option of 1 additional year)
- _____ Enhanced Phased Retirement Plan (Maximum of 2 years)

I propose to commence my phased retirement period effective ____/____/____ and conclude my phased retirement period effective ____/____/____.

Certification:

I have read and understand the terms and conditions of the Phased Retirement Program for Clinician Track faculty members.

I understand that once a phased retirement agreement is signed by all parties, it will supersede the terms, conditions and rights of employment as outlined in any other agreement between the parties to the extent such terms, conditions and rights of employment are inconsistent with the terms of the phased retirement agreement.

I understand that if this application is approved, I am agreeing to retire at the conclusion of the term of the agreement.

Applicant Signature

Date

Department Chair Signature (acknowledging receipt)

Date

C: Dean, Vice Chancellor for Human Resources