

Flexible Retirement Application Form

SECTION A - To be completed by the employee		
Full Name:		Employee Number:
Job Title:		Grade:
Department/Team:		
Please indicate whether you wish to reduce your hours, grade or both:		
Hours	<input type="checkbox"/>	Must be reduced by a minimum of 40%
Grade	<input type="checkbox"/>	Must be reduced by at least one grade
Both	<input type="checkbox"/>	See above
<p>Reduction in hours - please provide details of your proposed new working pattern (days, hours, times worked, etc.)</p> 		
<p>Reduction in grade - please provide details of your proposed reduction in grade including details (title, grade, section, etc.) of the post you wish to transfer into</p> 		
<p>What is the reason for your request?</p> 		
<p>Benefits of your request - please explain what you expect the benefits will be if your request is approved (include both personal benefits as well as those for the Council)</p> 		

Impact of your request - please identify any potential service delivery issues and explain how these could be addressed/resolved	
Date you would like your flexible retirement to take effect:	
Signed:	Date:

SECTION B - To be completed by the employee's manager	
I support this request subject to confirmation of pension capital costs	
I do not support this request (for the reasons shown below)	
Rationale for declining the request	
Alternative proposals discussed (if applicable)	
Manager's Name:	Signed:
Date:	

SECTION C - To be completed by the employee's manager if the initial request is supported	
There is a cost for the release of the employee's pension (see attached)	

No cost for the release of the employee's pension (see attached)	
Repayment of costs - please explain how the capital cost amount would be recouped if DMT were to agree the employee's flexible retirement	

SECTION D - DIRECTOR & HR/FINANCE AUTHORISATION
 Where there is a cost for releasing the pension, HR and Finance advice must be sought BEFORE the request is forwarded to the Director for consideration

Recommendation from Director:

Director Decision

The employee's request is agreed	
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The employee's request is not agreed	
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Rationale for declining the request

Name:	Signed:
Date:	