



Division of Human Resources

Phased Retirement Program Checklist

Name _____ UFID _____ DOB ___/___/___

Campus address _____ Campus phone _____

Retirement Date _____

Process:

___ Employee completes and signs Phased Retirement Program Contract

___ Send Phased Retirement Program Contract to employee's Dean or Director for signature

___ Send Phased Retirement Program Contract to Provost or employee's Senior VP for signature

___ Phased Retirement Program Contract is returned to Academic Personnel Office

___ Copies of Phased Retirement Program Contract are distributed as follows:

Employee _____

Chairman/Supervisor _____

Dean/Director _____

Academic Personnel _____

Original to Benefits/Retirement file _____