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| Flexible Retirement Request Form |
| **Guidance** |
| Please refer to the [Flexible Retirement Policy](https://www.ed.ac.uk/human-resources/policies-guidance/a-to-z-of-policies-and-guidance) before completing this form. Flexible retirement is only available to:* **USS members** who are aged 55 or over and have two years’ qualifying service
* **SBS members** who are aged 55 or over and have two years’ qualifying service
* **STPS members** who are aged 55 or over and have been in pensionable employment since April 2007
* **LGPS members** (contact the University’s Pension Department for information on how flexible retirement operates under this scheme).
* **NHSPS members** who are aged 55 or over and have two years’ pensionable service

Once you have fully completed the details, please forward the form to your manager for consideration. You must do this at least three monthsbefore you want the new working arrangement to start. |
| **Section 1: Personal Details** |
| Name: |       |
| Employee Number: |       |
| Department/School: |       |
| Start Date at UoE (dd/mm/yyyy): |       |
| Your pension scheme:  |
| **USS [ ]**  | **SBS [ ]**  | **STPS [ ]**  | **NHSPS [ ]**  | **LGPS** **[ ]**  |
| **Section 2: Working Pattern and Requested Arrangement****Complete this section by using the** [**Work Schedule Calculator**](https://www.ed.ac.uk/human-resources/a-to-z-of-forms) **to calculate where the hours will be increasing or decreasing and where your working pattern will change** |
| Your **current** working pattern and Contractual Hours(paste Work Schedule format here from [Work Schedule Calculator](https://www.ed.ac.uk/human-resources/a-to-z-of-forms) e.g. **35\_7days\_S0M7T7W7T7F7S0**)  | Work Schedule format:      No. hours worked per week:        |
| The working arrangement you would like to work in **future**:(paste Work Schedule format here from [Work Schedule Calculator](https://www.ed.ac.uk/human-resources/a-to-z-of-forms) e.g. **35\_7days\_S0M7T7W7T7F7S0**)  | Work Schedule format:      No. hours worked per week:       |
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| Are you making your request as a reasonable adjustment in relation to a disability? Yes [ ]  **OR** No [ ]  |
| The date you would like the new working arrangements to start (dd/mm/yyyy):      **Please remember the pension scheme requires 2 months’ notice of flexible retirement in order to approve payment of pension benefits.**  |
| Please give details of how you think your request would benefit your job, colleagues, business area:      |
| What **impact** will the change have on your job, colleagues, business area?e.g. any cost savings / increases; will someone else need to be employed to do your work; does it impact on service provision; will your colleagues have more responsibilities?      |
| **Section 3: Signature** |
| Signature:       | Date (dd/mm/yyyy):       |
| Once the form has been completed, save and then email/send to your manager. |
| **Section 4: Manager Decision** Use Part A for approved requests or Part B for declined requests. Then forward this form to HR (**Pensions require 2 months’ notice for any changes**). |
| 1. **Approved Request**
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| Agreed: As above [ ]  **OR** As detailed below [ ]  | Start date (dd/mm/yyyy):       |
| Enter the agreed working arrangement if different from original request.(paste Work Schedule format here from [Work Schedule Calculator](https://www.ed.ac.uk/human-resources/a-to-z-of-forms) e.g. **35\_7days\_S0M7T7W7T7F7S0**)  | Work Schedule format:      Total hours per week:       |
| Other details:       |
| 1. **Declined Request** - select one or more of the following reasons (add an X as appropriate)
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| The burden of extra costs | [ ]  |
| Work can’t be reorganised among other staff | [ ]  |
| Additional staff can’t be recruited to cover the work | [ ]  |
| The quality of work or performance will be affected detrimentally | [ ]  |
| Business area won’t be able to meet customer demand | [ ]  |
| A lack of work during the proposed working times | [ ]  |
| Planned structural changes | [ ]  |
| **Further details why the request was declined -** e.g. working patterns of colleagues, service priorities, costs of proposed changes:       |
| Manager’s Signature:       | Date (dd/mm/yyyy):       |
| On completion please submit this form through People and Money.Copy in the employee for confirmation.**Send employee appropriate letter confirming outcome of request and copy of this form.** |