

IOWA STATE UNIVERSITY
PHASED RETIREMENT REQUEST

1. Name (please use full name) _____

2. Birthdate _____ University ID Number _____

3. Degree(s) date(s) awarded, name(s) of College/University - list all degrees

4. Title _____ Base _____

5. Department(s) _____

College(s)/Units(s) _____

6. a) Date of initial appointment _____

b) Have you been continuously employed? _____ (If not, attach an explanation)

7. Proposed Phased Retirement schedule (e.g. 65%¹, 50%², etc. and dates) _____

8. Proposed date of full retirement: _____

9. Proposed work schedule - time spent on campus (e.g. 65% July 1-June 30; Fall Semester; 6/hr/day etc.
to coordinate with percentage of Phased Retirement schedule) _____

10. Duties to be performed while on Phased Retirement: _____

TO BE COMPLETED BY DEAN/DIRECTOR/VP:

Amount of salary saved and planned use of these funds: _____

Current fiscal year salary _____

I understand the terms of and agree to abide by the Iowa State University Phased Retirement Plan outlined above, if approved.

Signature of requester

Date

Dean/Director/VP Signature(s)

Date

PLEASE ROUTE THIS REQUEST THROUGH YOUR DEANS(S), DIRECTOR(S), VICE PRESIDENT

This request must be submitted to the Provost's Office at least two months before the program is proposed to take effect.

¹ Note that percentage of Phased Retirement may be no more than 65% initially..

² Note that percentage of Phased Retirement will go to 50% beginning the 5th year and retirement will take place no later than the end of the 5th year.

02/2009