



Division of Human Resources

Phased Retirement Program Contract

EMPLOYEE NAME _____

EFFECTIVE DATE OF RETIREMENT _____ DATE REEMPLOYED _____

REEMPLOYMENT OBLIGATION FROM _____ TO _____

DEPARTMENT _____

DOB _____ YEARS OF SERVICE _____ RETIREMENT PLAN _____

To participate in the Phased Retirement Program, I understand that my retirement (dates, timing and reemployment) must comply with the laws of Florida and the rules of the Florida Division of Retirement. The effective date of my retirement and all retirement benefits I am eligible for shall be determined accordingly. I understand that by retiring I relinquish all rights to tenure/permanent status. Also, I understand that my decision to participate in this program is **irrevocable**.

After I've met all eligibility requirements for this program, the University is obligated to offer me a written offer of reemployment under an Other Personal Service (OPS) contract for one-half (.50 FTE) of the academic year.

Compensation during the period of re-employment shall be proportional to my salary prior to retirement, including an amount comparable to the pre-retirement employer contribution for health and life insurance and an allowance for any taxes associated with this amount. This period of reemployment obligation shall extend over five (5) consecutive academic years. Assignments shall be scheduled within one semester unless the University and I agree otherwise.

I understand that, in accordance with the rules of the State of Florida Division of Retirement, to participate in the Phased Retirement Program, I must remain off the University's payroll for six calendar months following my retirement effective date. I understand that if I accept reemployment with the University during the seventh through twelfth months of my retirement, my retirement benefits will be suspended. For additional information, please go to the Division of Retirement website at: http://www.myfrs.com/portal/server.pt/community/comparing_the_plans/235/reemployment_after_retirement.

I must notify the University in writing of my acceptance or rejection of the annual offer of reemployment not later than ninety (90) days after receiving the written offer of reemployment. If I fail to do so, I may be forfeiting my reemployment for that year.

If I decline an offer of reemployment under this program, that will not extend the University's reemployment obligation. At the conclusion of the consecutive five-year reemployment period, the University has no obligation to offer me additional employment and no further notice of cessation of employment is required.

Upon retirement, I shall be paid for unused sick or annual leave pursuant to UF leave regulation 6C1-1.20I. Additionally, I will be credited with five (5) days of leave with pay at the beginning of each full-time semester appointment. These five (5) days may be used in four (4) hour increments when I am unable to perform my assigned duties due to my personal illness or injury or that of my immediate family. Though I may accumulate such leave for future use, I will not be paid for unused leave at the termination of this reemployment period.

I also understand that if my previous employment was a twelve-month appointment and during the reemployment period I receive an assignment that is the same or similar, I will be credited with an additional five (5) days of leave with pay at the beginning of each semester appointment. Such leave, with appropriate notice and approval, shall be used in increments of four (4) hours for personal reasons unrelated to illness or injury. I may not accumulate nor be reimbursed for this unused leave.

I may participate in all University fringe benefit programs for which I am eligible as a part-time employee, notwithstanding my OPS status, and retiree. (If UFF dues are currently being deducted from my pay, such deduction will be continued in accordance with any existing collective bargaining agreement. I shall receive all across-the-board annual salary increases and other applicable nondiscretionary salary increases available to employees in an amount proportional to my part-time appointment, and am eligible for merit and discretionary salary increases on the same basis as other employees.

This contract conforms to any existing Collective Bargaining Agreement.

I understand that my participation in this program renders me ineligible to participate in the State's Deferred Retirement Option Program (DROP)

_____	_____
EMPLOYEE/RETIREE	Date
_____	_____
CHAIRPERSON/SUPERVISOR	Date
_____	_____
COLLEGE DEAN/DIRECTOR	Date
_____	_____
OFFICE OF PROVOST	Date

cc: Retiree
Chairperson/Supervisor
Dean /Director
Personnel File
University Benefits and Retirement
Academic Affairs