



Phased Retirement Program Application & Agreement

Faculty members in an eligible class who are at least 62 years old and meet the program’s requirements may participate in the Phased Retirement Program as outlined in policy 12.5.03 of the Administrative Guide. Participants are able to reduce their workload with continued participation in medical, dental and other UAMS-sponsored benefits available to full-time faculty.

To participate in this program, the faculty member must agree to reduce their workload to 50-80 percent for a period of 12-36 months (“phased retirement period”). At the end of the phased retirement period, the participant must separate (retire) from the University of Arkansas for Medical Sciences. For additional program details and requirements visit (<https://faculty.uams.edu/life-cycle/exitdeparting-faculty/phased-retirement/>).

Application should be started at least 60 days prior to the phased retirement start date. A completed application must be submitted to Campus Faculty Center at least 30 days prior to the start of the program who shall then submit this completed agreement to UAMS Human Resources for processing. Confirmation of acceptance in this program will be sent by UAMS Faculty Center to the faculty member, department chair, and dean of school.

SECTION 1 – Faculty Member Information					
Full Name:		SAP ID:			
Email:		Phone:			
Date of Birth:		Years of UAMS Service:			
Department:		Campus:			
Phased Retirement Period: _____ (start date) to _____ (end date)					
Have you had any breaks in service during your employment at UAMS?	Yes	No	Dates:		
Have you had any periods of unpaid leave?	Yes	No	Dates:		
In the last 5 years, have you worked less than full time?	Yes	No	Dates:		
SECTION 2 – Faculty Time and Effort					
Total FTE% should be the percentage of current total working hours. FTE categories should equal reduced percent time (i.e. if 75% total hours, categories should equal 75%, not 100%).					
	Total FTE %	Teaching	Research	Service	Clinical
Year 1					
Year 2					

Year 3					
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SECTION 3 – Faculty Member Signature

My signature below indicates acceptance and acknowledgment that the listed end/retirement date is irrevocable.

Signature:	Date:
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Departmental Signatures

Signature below indicates approval and agreement with the above provisions, including the workload reduction, phased retirement period, and retirement date, for the faculty member who is submitting this application.

CHAIR OF DEPARTMENT	DEAN OF COLLEGE	CHANCELLOR
Printed Name:	Printed Name:	Printed Name:
Signature:	Signature:	Signature:
Date:	Date:	Date:

Campus Faculty Center shall submit completed form to UAMS Human Resources, 4301 West Markham St., Little Rock, AR 72205

Faculty Center use ONLY: Signature _____ Date _____