

SCOTTISH BORDERS COUNCIL

APPLICATION FOR PHASED RETIREMENT

Part A – Employee Details (To be completed by the employee)

Please complete all boxes.

Name			
Home Address			
Postcode			
Telephone Number			
Email Address (that you want us to use to contact you)			
Job Title		Employee No	
Service		Section	
NI Number		Date of Birth	
Date you would like to begin Phased Retirement			
Date of intended Retirement (this must be 1 month or less from the proposed start of phased retirement)			

Phased Retirement Proposal

Please use the boxes below to provide any information you feel is relevant to support your application, including any extenuating personal circumstances (please continue on a separate sheet if necessary).

(Please note Phased Retirement is not available if you are already on Flexible Retirement.)

• I wish to apply for Phased retirement on the basis of reducing my hours of work.					
• I will not have any annual leave to take when I commence phased retirement.					
• My current weekly hours of work are:	<table border="1"> <tr> <td>Hours</td> <td></td> <td>Mins</td> <td></td> </tr> </table>	Hours		Mins	
Hours		Mins			
• Week 4 I request to reduce my weekly hours of work to	<table border="1"> <tr> <td>Hours</td> <td></td> <td>Mins</td> <td></td> </tr> </table>	Hours		Mins	
Hours		Mins			

<ul style="list-style-type: none"> • Week 3: I request to reduce my weekly hours of work to: • Week 2 (if applicable) I request to reduce my weekly hours of work to: • Last week (if applicable) I request to reduce my weekly hours of work to: 	Hours		Mins	
	Hours		Mins	
	Hours		Mins	

If you have a preferred working pattern please enter the details below:

DAYS	HOURS	TIMES WORKED
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Signed Date

Now pass this form to your Line Manager and arrange to meet them

Part B – To be completed by the line manager receiving the application form

Date application received from employee	
Date receipt of application acknowledged to employee	
Have you discussed this with the employee?	Yes / No * (Delete as appropriate)
Will the employee have any annual leave accrued but untaken on the proposed start date of phased retirement? (If “Yes” the application cannot be approved.)	Yes / No * (Delete as appropriate)
Do you support the application?	Yes / No * (Delete as appropriate)

Business Case

Please provide as much information as you can in the boxes below, expanding them as required. Please ensure you complete this section in full before forwarding the form.

Costs and Savings

Please provide details of any costs and/ or savings associated with the flexible retirement application.

Do you intend to backfill the hours/post vacated by the employee?	Yes / No * (Delete as appropriate)
If yes, please provide details:	
<ul style="list-style-type: none"> • Grade & scale point of replacement (on appointment) • Contracted hours per week 	

<ul style="list-style-type: none"> • Contracted weeks per year • Delay in recruitment (weeks) 	
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Anticipated Costs (non-salary related) – please provide full details	
Anticipated Savings (non-salary related) – please provide full details	

Non-financial Considerations

Anticipated Benefits – please summarise any perceived benefits if the phased retirement proceeds	
Anticipated Drawbacks – please summarise any perceived issues / drawbacks if the phased retirement proceeds	

Reasons for your decision	
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Manager's Details

Name	
Designation	
E-mail address	
Contact telephone number	

Signed **Date**

If you support the application, please pass to Director to complete Part C.

Please also complete a Leavers' Form and send that with this application.

Part C – To be completed by Director

If you support the proposal please sign and pass to the Director People Performance and Change for consideration.

Director	
I confirm my support for the above proposal / do not support this proposal <i>(delete as appropriate)</i>	
Name (please PRINT):	
Signature:	Date:

Part D – To be completed by Director People Performance and Change

Director People Performance and Change	
I confirm my support for the above proposal / do not support this proposal <i>(delete as appropriate)</i>	
Name (please PRINT):	
Signature:	Date:

Part E – To be completed by HRSS Team Leader or HRSS Specialist (HR)

HRSS	
Form returned to Line Manager Date:	
Leavers form attached: Yes/No	
Name (please PRINT):	
Signature:	Date: