**FLEXIBLE RETIREMENT REQUEST FORM**

To apply for flexible retirement please complete this form and hand to your line manager.

Line managers are asked to review the Retirement Policy for guidance and give consideration to requests for flexible retirement and new working arrangements, whilst ensuring the arrangements are practical and meet both the business and operational needs of the service.

# **Employee Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  | | | Employee No: |  |
| Job Title: |  | | | Assignment No: |  |
| Department / Ward: | |  | | | |
| Directorate: | |  | | | |
| Band: | |  | | | |
| Line Manager (Name / Job Title): | | |  | | |

**Flexible Retirement Details:**

|  |  |
| --- | --- |
| Date of retirement: |  |
| Date of return following (2 week) break in service: |  |
| Proposed New Working Pattern during 1st month following retirement: | ............over............days |
| Proposed New Working Pattern during 2nd month onwards following retirement: | ............over............days |
| What is the time period of the request? | From …………………..To…………………….  Permanent  Temporary  |
| Explain how the change in your working pattern will affect your department / ward and colleagues: |  |
| Suggest how the effect on  your department / ward and colleagues can be most effectively be dealt with: |  |

**Name of employee:**

**Declaration of Employee -** *I declare that I understand and will abide by the terms of the Retirement policy. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and/or civil recovery proceedings. I consent to the disclosure of information from this form and any associated documentation, to the Local Counter Fraud Specialist and/or NHS Protect, for the purpose of verification and the investigation, prevention, detection and prosecution of fraud.*

**Signature of employee:**

**Date:**

**Name of manager:**

**Signature of manager:**

**Designation:**

**Date:**

**On completion, a copy of this form must be kept on the personal file.**