**FLEXIBLE RETIREMENT SCHEME**

**APPLICATION FORM FOR FLEXIBLE RETIREMENT**

**Introduction**

You can request flexible retirement by seeking the Council’s consent to either reduce your hours of work and/or grade of post, at the same time accessing your pension benefits either in full or part. There are certain criteria that require to be met before a flexible retirement request can proceed. Please refer to the Flexible Retirement Scheme (contained within the Managing Retirement Policy) for details. You can also continue to pay contributions into the pension scheme and accrue further pension service once the change in hours and/or grade has occurred.

To be considered for flexible retirement you must fully complete this form and submit it to your line manager.

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| 1. **PERSONAL AND POST DETAILS** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name (in full) …………………………………** | **Date of Birth: ……………** | | |
| **Job Title: ……………………………………..** | **Service / Directorate:**  **……………………………..** | | |
| **Location: …………………………………….** |  | | |
| **Current Working Hours ……………………** | **Grade of Post: ...………...** | | |
|  |  | | |
| **Member of Local Government Pension Scheme** | | **Yes** | **No**  **Please tick one box** |

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| 1. **BASIS OF APPLICATION** |

|  |  |
| --- | --- |
|  | **Please tick one box** |
| **Reduction in hours** |  |
| **Reduction in grade** |  |
| **Reduction in hours and grade** |  |

If request is linked to a reduction in grade, please specify the type of post(s) you would consider

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| 1. **REASON FOR APPLICATION** |

Please state briefly the reason(s) for applying for flexible retirement.

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Is the request linked to a caring responsibility for a dependant?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** |  | **No (Please tick one box)** |

(if yes, please also refer to the Smarter Working Guidance, for details on how a statutory request for flexible working is considered).

|  |
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| 1. **DECLARATION AND SIGNATURE** |

I confirm that I meet the eligibility criteria as specified in the Flexible Retirement Scheme and declare that I am applying for flexible retirement in accordance with the Scheme.

**Signature …………………………………………… Date ……………………..**

Please submit this completed form to your line manager.

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| **FOR SERVICE USE** |

To be completed by line manager.

Have the eligibility criteria in the Flexible Retirement Scheme been met? (see Scheme for details)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** |  | **No (Please tick one box)** |

If no, which has/have not been met? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Reduction in hours’ applications**

Is it operationally and financially feasible to proceed with the reduction in hours application and will it result in a reduction in the employee’s salary of at least 25%? (the relevant issues detailed in the policy and guidance should have been met before proceeding).

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** |  | **No (Please tick one box)** |

Please indicate brief details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised hours per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective date of change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reduction in grade applications**

Is it operationally and financially feasible to proceed and has a suitable vacant post been identified at a grade which will result in a reduction in basic salary of at least 25 %? (the relevant issues detailed in the policy and guidance should have been met before proceeding).

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** |  | **No (Please tick one box)** |

Please indicate brief details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **OUTCOME OF APPLICATION – SERVICE MANAGER’S DECISION** |

Request approved/declined\*

Please indicate reason(s) if declined \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature: …………………………………………….. Date …………………..**

**Name: …………………………………………….**

**Job Title: ……………………………………………..**

\* delete as appropriate

This completed form should now be forwarded to the HR Service Centre for processing and for issue of appropriate letter.