

Employee Name _____; GEMS ID: _____; DOB _____;

Effective Date of Retirement _____; Age at Retirement: _____;

Years of Service _____ in _____ Retirement Plan

Date Re-employed: _____; Semester: Fall _____, Spring _____, or Both _____

Contracted FTE: _____ (Must be .50 FTE or less of the academic year)

Re-employment Obligation: From _____ to _____

Department: _____ College/Division: _____

Insurance Coverage at Retirement (Yes/No): State Health _____ State Life _____

To participate in the Phased Retirement Program, I understand that my retirement (dates, timing, and employment) must comply with the laws of Florida and the rules of the Florida Division of Retirement. All retirement benefits for which I am eligible shall be determined accordingly. I understand that by retiring I relinquish all rights to tenure. Also, I understand that my decision to participate in this program is irrevocable after all parties have executed this document.

After I have met all eligibility requirements for this program, the University is obligated to give me a written offer of reemployment under Temporary (formerly OPS) contract for one-half (.5 FTE) of the academic year (780 hours or 19 ½ weeks). The University and I may agree in writing to less than one-half of the academic year. Compensation during the period of reemployment 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, beginning with the next academic year following retirement. Assignments shall be scheduled within one (1) semester unless the University and I agree otherwise.

I understand that, in accordance with the rules of the Division of Retirement, I must adhere to the applicable Termination and Reemployment restrictions associated with retirement from my state administered retirement plan. I recognize my obligation to repay any retirement benefits paid to me if I violate the reemployment limitations of my retirement plan.

I must notify the University in writing of my acceptance or rejection of the annual offer of reemployment not later than thirty (30) days after receiving the written offer of reemployment. If I fail to do so, I may be forfeiting my reemployment for that year.

My declining an offer of reemployment under this program does not extend the University's reemployment obligations. At the conclusion of the consecutive five (5) 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 will be paid for unused sick and annual leave at the rate provided under Section 110.122, Florida Statutes, and Articles 17.8(a)(5) and 17.9(c)(1) of the 2021 - 2024 USF-UFF Collective Bargaining Agreement. 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 the unused leave at the termination of this reemployment period. For less than full-time appointments, the leave shall be credited on a pro-rata basis with the assigned FTE.

I may participate in all University benefit programs for which I am eligible as a part-time employee (notwithstanding Temporary status) and retiree. If UFF dues are currently being deducted from my pay, such deduction will be continued in accordance with Appendix B of the 2021 - 2024 USF-UFF Collective Bargaining Agreement.

I will receive all guaranteed annual salary increases in an amount proportional to my part-time appointment, and I also will remain eligible for non-guaranteed salary increases on the same basis as other employees.

This Agreement incorporates by reference all provisions of Article 24.6, Phased Retirement Program, of the 2021 - 2024 USF-UFF Collective Bargaining Agreement.

 Employee/Retiree Signature

 Date Signed

 Campus Address

 Chairperson/Supervisor Signature

 Date Signed

 Campus Address

 Typed/Printed Chairperson/Supervisor Name

 Dean/Director Signature

 Date Signed

 Campus Address

 Typed/Printed Dean/Director Name

 Provost/Vice President/ Designee Signature
 (when applicable)

 Date Signed

 Campus Address

 Typed/Printed Provost/Vice President/ Designee Name

Original: Personnel File

CC: Employee/Retiree
 Chairman/Supervisor
 Dean/Director
 Provost/Vice President
 Appointments Section
 Employee Benefits Section

Human Resources Use Only:

Employee does_____ does not_____ meet the eligibility criteria for the University of South Florida Phased Retirement Program. Ineligibility is based on the following: _____

 Human Resources Director/Designee Signature

 Date Signed