

**APPLICATION FOR FLEXIBLE RETIREMENT**

Sections 1 and 2 of this form should be completed by the applicant and forwarded to their Head of School/Director by 10 January 2025.

The Head of School/Director should complete Section 3 and email the completed form to reward@qub.ac.uk by 31 January 2025. (A copy should also be sent to the applicant).

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|  **Section 1 – Applicant Details**  |
| **Staff Number**  |  |
| **Full Name**  |  |
| **Position**  |  |
| **School / Directorate / Unit**  |  |
| **Date**  | Click or tap to enter a date. |
| **Section 2 – Arrangements** |
| **Background explanation to support application.** |
| **Please state your current working pattern (days / hours / times worked).** |
| **Dates of any previous requests made.** |
| **Please state the working pattern you would like to work in the future (days/hours/times). Please also include details of any further 2nd flex you wish to take before retiring in full (NB: 2nd flex is only available to members of USS).** |
| **Please state the impact of new working pattern and how it can be accommodated.**   |
| **Please state the date you would like your flexible retirement period to end, and for full retirement to commence - this is normally within four years (or five in some exceptional circumstances) of the start of the flexible retirement period.****NB: Flexible Retirement will commence on 1 August unless otherwise stated.** |
| **Have you obtained calculations from the University’s Pensions Office?** Choose an item.  |
| **Please submit this form to your Head of School/Director to complete Section 3.** |
| **Section 3 – Head of School/Director Recommendation** |
| **As Head of School/Director you should arrange to meet with the employee by no later than 29 January to discuss the request and make your recommendation.** **Please tick as appropriate: Support Request** [ ]  **Do Not Support Request** [ ] **Please provide an explanation which summarises the basis upon which you have reached your decision. Where you are supporting the request, you need to specifically address how the quality of service will be maintained.** |
| **HoS/Director Name** |  |
| **School/Directorate** |  |
| **Date** | Click or tap to enter a date. |

*A Flexible Retirement Panel will be convened to make the decision regarding the outcome of this request.*