**STAFF PHASED RETIREMENT LETTER**

*Once a phased retirement agreement is approved, a letter such as the one below is required to confirm the specifics and expectations of the arrangement.*

{Employee Name}

{Department Name}

{School / Division Name}

Dear {First Name}:

I am pleased to confirm your participation in the Staff Phased Retirement Program. This letter summarizes our agreement about your work arrangements leading up to your retirement. Specifically, we agree that:

1. The new arrangement will begin on {date} and end upon your retirement on {date}. [Not more than three years.]
2. You will be scheduled to work {XX} hours per week at an annual salary of {compensation} effective {date} through (date). [Insert additional statement with effective date if there will be a further reduction in hours during the phased retirement period – not less than 20 hours per week]. [Include any other compensation the staff member may be eligible for during this time, e.g., will still be eligible for incentive plan, shift differential, etc.]. Your initial job responsibilities during this period are provided in the attached position description. However, as with any job at Emory, your responsibilities may change if warranted by the needs of the department; I will discuss with you if any changes are needed. [attach description]
3. You will be eligible for merit or other salary increases based on your new salary, at the usual time during the year.
4. You will continue your participation in all University benefit plans and policies in the same manner as if you were full-time, with the following exceptions:
* If the benefit plan is based upon your compensation, your benefit amount will be based on your new compensation (for example, retirement contributions; disability benefits; life insurance).
* Vacation and sick leave accruals will be pro-rated based on your hours worked per week.

Please consult with the Central Human Resources Benefits office at 404-727-7613 should you have questions concerning the impact to your benefits. It is also recommended that you meet with Benefits at least \_\_ months before your retirement date.

1. Your Emory retirement account will be available to draw upon, should you choose to do so, on or after {effective date}. Please contact Benefits for more information if this is of interest to you.
2. You will retire on {effective date}. Any retirement benefits will be based on the University policy in place at the time of retirement.
3. You understand this agreement does not constitute a contract, and that you remain an employee at will.

If you are in agreement with these terms, please sign and date this letter below and return it to {my office at your convenience}. Emory is grateful for the service you’ve provided to the University and look forward to working with you as you transition into retirement.

Employee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

The original signed letter should be provided to local HR with a copy given to the employee. A copy of the letter must be attached to the eHRAF when submitted to Central Human Resources Benefits for processing.