

## **Human Resources Division**

**Retirement Application** 

HR Office use only

Before completing this form please ensure you have read:

- Retiring from Otago
- The University's Retirement Planning Guidelines

You may also wish to contact the Advisor - Superannuation & Staff Benefits

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Applicant Details								
Employee Name					Employee N	lo		
Position Title					Retirement	Date		
Department					School/Divis	sion		
If you are applying for Signature section	phased	retirement, plea	se complete t	he s	section below	, othe	erwise continue to the <i>Applicant</i>	
Phased Retirement	Plan (Ap	oplicant to com	nplete)					
Start date End		late	Proposed FTE/hours		<b>Justification</b> (Please describe the benefit to the University and how the impact on the department can be managed)			
				-				
Applicant signature								
Final retirement date:								
Signature:					1	Date:	:	
	·							
- Your HoD/Manage - You will be notifie		_				isiona	al Head has final approval.	
Phased Retirement I	Plan (He	ad of Departmo	ent or Manag	ger t	o complete)			
Impact on Department (please provide a comment on the implications for the role, the staff member's workload, and any associated impact on the Department)								

Signature of Manager/HoD (Endorsement)		Date:			
Signature of Dean of School/ Director of Operations (Endorsement)		Date:			
Divisional Approval					
Divisional Head Signature (Approval)		Date:			

Once approved, please forward the form to HR Services, Human Resources Shared Services. Or scan and email to: hrservices@otago.ac.nz