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| **RP2: REQUEST TO CONTINUE WORKING BEYOND THE RETIREMENT AGE** |
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| **PART A: To be completed by the employee** |
| **Name of employee:** |  |
| **Name of Institution:** |  |
| **Position of employee:** |  |
| I am writing to notify the University that I wish to request to continue working beyond the normal retirement age. |
| Normal retirement date: |  |
| Proposed new retirement date: |  |
| Proposed new contractual hours: |  |
| If the proposed new contractual hours are part-time, do you intend to draw part of your USS pension under the flexible retirement arrangements? | Yes / No |
| Is the proposed period of extended employment to be paid or unpaid? | Paid / Unpaid |
| Have you discussed your plans with your Head of Institution? | Yes / No |
| With reference to the evaluative criteria in the Retirement Policy, please set out the reasons for your request to extend your employment: |
| If the proposed period of extended employment is to be paid, please confirm how your salary would be funded: |
| Please note that PPD run pre-retirement courses. For further information, please use the following link:<http://www.training.cam.ac.uk/cppd/theme> |
| Signed by employee: |  |
| Print name: |  | Date: |  |
| **Please submit this form and your CV (maximum two pages/four sides of A4) to your Head of Institution by 31 December.** |

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| **PART B: To be completed by the Head of Institution (or equivalent)** |
| Have you discussed the proposed retirement plans with the employee? | Yes / No |
| Does the Institute have the space available to accommodate the employee during the extended period of employment? |  |
| If the extension is paid, is the application subject to the award of funding?If yes, please specify details.If no, please specify the cost code for payment of salary.  |  |
| Is the duration of the proposed extension of employment and the employee’s preference for full or part-time employment in the interests of the Institute or University? |  |
| In the case of clinical staff, is the relevant NHS Trust willing to maintain or renew the individual’s honorary clinical contract? | Yes / No |
| **An extension of employment may only be granted in very exceptional circumstances, where:*** The individual concerned is the most appropriate person able to complete a specific project or task that is already underway;
* The individual concerned is the most appropriate person able to secure the full benefit of a project already completed;
* The individual concerned is the only person able to attract specific and significant funding; and/or
* It would enable effective planning for departure and recruitment.
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| **Please set out below how the case meets the evaluative criteria and aligns with the strategic aims of the Institution:** |
| **What is the likely impact of the extended employment on the following (compared with alternative options):*** 1. **The quality of work of the Institution (e.g. its ability to respond to student needs, to meet research aims, or to provide professional and administrative services of the highest quality)?**
	2. **Opportunities for career development and succession-planning to renew the academy through promotion, bearing in mind turnover in the Institution?**
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| **Please confirm whether you support the application, setting out your reasons and any other comments:** |
| **Signed by Head of Institution:** |  |
| **Name of Head of Institution:** |  | **Date:** |  |

**Note for Head of Institution:**

Please send the completed form and CV to your HR Business Manager.