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| **RP1: INTENTION TO RETIRE** |
| **Name of employee:** |  |
| **Name of Institution:** |  |
| **Position of employee:** |  |
| **I am writing to notify the University that I wish to retire from the University and terminate my contract of employment.** |
| Proposed retirement date: |  |
| Notice period as set out in my contract of employment: |  |
| Comments: |
| 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 return the completed form to your Departmental Administrator.****Please be advised that this form must be submitted to the Pensions Section, by your Departmental Administrator no later than three months before the intended retirement date.** |

**Note for Departmental Administrator:**

Please ensure that your Head of Institution is informed that the employee intends to retire before you send the completed form to the Pensions Section, copied to your HR Business Manager.