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| **RP2A: REQUEST FOR UNIVERSITY OFFICER TO CONTINUE WORKING BEYOND THE RETIREMENT AGE** | | | | | | |
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| **PART 1: To be completed by the University Officer** | | | | | | |
| **Name of University Officer:** | |  | | | | |
| **Name of Institution:** | |  | | | | |
| **Position of University Officer:** | |  | | | | |
| I am writing to notify the University that I wish to request to continue working beyond the normal retirement age. | | | | | | |
| Normal retirement date: | | |  | | | |
| Proposed start date of extension: | | |  | | | |
| Proposed new retirement date: | | |  | | | |
| Proposed new 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 |
| Have you discussed your plans with your Head of Institution? | | | | | | Yes / No |
| With reference to the evaluative criteria in section 7.2 of the University’s Retirement Policy, please set out the reasons for your request to continue working: | | | | | | |
| 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 University Officer: |  | | | | | |
| Print name: |  | | | Date: |  | |
| **Please submit this form, together with form RP2B and your CV (maximum two pages/four sides of A4) to your Head of Institution.** | | | | | | |

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| **PART 2: To be completed by the Head of Institution (or equivalent)** | | | | |
| Have you discussed the proposed retirement plans with the individual? | | Yes / No | | |
| Does the Institute have the space available to accommodate the individual during the period of extension? | |  | | |
| Is the duration of the proposed extension and the individual’s preference for full or part-time hours 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 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. | | | | |
| **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 extension 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?** | | | | |
| **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 together with form RP2B and CV to your HR Business Manager.