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| **RP4a: APPLICATION FOR PARTIAL RETIREMENT** **(NHSPS MEMBERS ONLY)** |
| Before completing this form, please:* read [Section 6.1. Flexible Retirement in the Retirement Policy](http://www.hr.admin.cam.ac.uk/policies-procedures/1-retirement-policy/6-pensions)
* ensure that you have taken the necessary advice in relation to your pension and any financial implications (for example tax implications and/or impact on state benefits)
* give careful consideration to which working pattern will help you to balance commitments outside work with contractual duties and responsibilities
* consider any effects it might have on your Institution, together with how these might be accommodated
 |
| **PART A: To be completed by the employee** |
| **Name of employee:** |  |
| **Name of Institution:** |  |
| **Position of employee:** |  |
| **Pension Scheme:** | NHS Pension Scheme (1995 / 2008 / 2015)  |
| **Personal details** |
| Is your position established or unestablished?[[1]](#footnote-1) |  |
| Current hours worked per week, working pattern and place of work: |
| Have you submitted a previous request for partial retirement?If yes, when did you submit the application: | Yes / No |

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| **Details of proposed change in working pattern and duties** |
| Proposed start and end dates of partial retirement (must be at least 12 months):Proposed number of hours to be worked:Proposed working pattern (e.g. days/hours/times/place): |
| Details of alternative availability or flexibility for request if preferred working pattern cannot be accommodated:  |
| Which of your current duties are you proposing to relinquish? |
| How do you envisage such duties would be reallocated? |

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| **Other considerations** |
| If you are not reducing your working hours, how do you intend to reduce your pensionable pay by 10%? Examples can be found in the NHSPS Partial Retirement Guidance. |
| Have you reviewed the NHSPS Partial Retirement Guidance and considered whether an NHSPS Retire and Return would be a more suitable option? |
| Have you planned for your partial retirement using NHS Pensions Partial Retirement Calculator (<https://www.nhsbsa.nhs.uk/member-hub/partial-retirement>)?For those impacted by the McCloud judgement, have you used the McCloud Percentage Tool (<https://www.nhsbsa.nhs.uk/search?aggregated_field=mccloud+percentage+tool>) to check the “safe percentage” of pension you can take, avoiding having overpayments to repay when you make your McCloud choice later on? You can check if you are affected by the McCloud ruling by visiting [www.nhsbsa.nhs/changes-public-service-pensions](http://www.nhsbsa.nhs/changes-public-service-pensions).  |
| How much of your pension do you intend to withdraw (20% - 100%) and from which section of the scheme? |

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| **Additional information to support your application** |
|  |
| **Declaration** |
| I confirm the information included in this application is correct. I understand that if this application is accepted it will mean a permanent change to my terms and conditions of employment and I will have no right in law to revert back to my previous working pattern.I confirm that I have taken the necessary advice in relation to my pension and any financial implications (for example tax implications and/or impact on state benefits). |
| Signed byemployee: |  |
| Print name: |  |
| Date of request: |  |

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| **PART B: To be completed by the Head of Institution (or equivalent) or designated nominee** |
| Application received on (date):**On receipt of this application, I understand that I should meet with the employee within 28 days or as soon as reasonably practicable. I have confirmed in writing to the employee that I have received this application form.** |
| Print name: |  |
| Date: |  |
| Signed by Head of Institution (or equivalent) or designated nominee: |  |
| **Note**: Please complete and forward the letter of confirmation **(RP4a Appendix A)** to the employee. Please retain a copy of the completed RP4a Appendix A with this application. |

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| **RP4a -** CONFIRMATION OF OUTCOME |

***(To be completed by the Departmental Administrator or equivalent)***

Section A – Personal Details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- |
| Effective date of change (dd/mm/yyyy) |  |

Job type

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Academic |  | Academic-related |  | Assistant |  | Research |  |
| Established |  | Unestablished |  |  |  |  |  |

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Section B – New hours and / or working pattern

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| New hours per week  |  | *40 is full time for clinical consultants, 37 for all other clinical staff.* |
| New weeks per year if term-time only |  | *52.25 is full-time. We will assume 52.25 unless you enter something else.* |

**New Working pattern**

|  |  |  |  |
| --- | --- | --- | --- |
| Every weekday Monday-Friday |  |  |  |
| Variable – give days worked weekly if known |  | Number of days per week  |  |
| Multi-week pattern – give details below |  |  |  |
| Specified below |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mon |  | Tue |  | Wed |  | Thu |  | Fri |  | Sat |  | Sun |  |

 |

Institutional Authorisation

This part must be completed by the Head of Institution (or delegated authority) prior to the submission of this form to the Human Resources Division.

**Please attach a letter of support confirming the changes to hours and duties and cover arrangements from your Institution.**

Signed Name

Position Date

Faculty Board Support for established academic positions only

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Does the Faculty Board support this application for partial retirement?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | N/A |  |

Date of Faculty Board approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Completed forms (application and outcome) should be sent by email or by post to your [HR School Team Administrator](https://www.hr.admin.cam.ac.uk/contact-us) at the Old Schools or the Clinical School as appropriate.

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| **RP4a APPENDIX A**INSTITUTION CONFIRMATION OF RECEIPT OF APPLICATION FOR PARTIAL RETIREMENT |

***(To be completed and returned to the employee)***

**Name**:

**Address**:

**Date**:

Dear [insert name],

I confirm that I received your request to take partial retirement on [insert date].

I note that you are requesting a temporary change to your working pattern from [date] until [date], and that during this time you intend to withdraw X% of your pension.

I can confirm that I will give serious consideration to your request and I shall arrange a meeting to discuss your application within 28 days of the above date or as soon as reasonably practicable. If you wish to invite a trade union representative (if you are a member) or a friend or colleague from within the University to accompany you to the meeting, please let me know as soon as possible so that I can make the necessary arrangements.

Yours sincerely,

[Insert signature]

Name of Head of Institution (or equivalent) or designated nominee

1. If you are unsure, please ask your Business and Operations Manager (or equivalent) or a member of your School HR Team. [↑](#footnote-ref-1)