

App1	CONFIDENTIAL
EAST RENFREWSHIRE COUNCIL APPLICATION FOR PHASED RETIREMENT FOR EMPLOYEES COVERED BY SNCT CONDITIONS OF SERVICE	
Note: If completing by hand, please do so clearly and in <u>black ink</u> .	



PERSONAL DETAILS			
Name		Department/Service	EDUCATION
Post		School / Location	
Work Address		Home Address	
Work Phone No.		Home Phone No.	
Eligibility Criteria: SPPA Member <input type="checkbox"/>			
I confirm that I am aged 55 and over (and under 75 for those in the CARE scheme) <input type="checkbox"/>			
I am a member in pensionable employment who has qualified for retirement benefits <input type="checkbox"/>			
Proposed date of commencement of phased retirement (please allow a minimum of 6 calendar months' notice):			

REASONS FOR REQUEST
Please provide full details of your request for phased retirement below: (attach any documentary evidence you may wish in support of your request)

Request Approved:

Request Rejected:

Variation Proposed: _____

HEAD TEACHER /LINE MANAGER
SIGNATURE:

DATE: _____