

APPENDIX 7

SCOTTISH BORDERS COUNCIL

Application for Flexible Retirement

(Please note Flexible Retirement is not available if you are already on Phased Retirement.)

Part A – Employee Details (To be completed by the employee)

Please complete all boxes.

Name	
Home Address	
Postcode	
Telephone Number	
Email Address (that you want us to use to contact you)	

Job Title		Employee No	
Service		Section	

NI Number		Date of Birth	
Date you would like to begin flexible retirement			
Date of intended Retirement (this must be 3 years or less from the proposed start of flexible retirement)			

ELIGIBILITY AND CONDITIONS OF APPLICATION

I wish to apply for flexible retirement in accordance with Regulation 29(6) of the Local Government Pension Scheme (Scotland) Regulations 2014. The conditions relating to my application are confirmed below:

(Please ✓ to confirm or provide details where appropriate)

- I am 55 years of age or over
- I have 2 or more years of pension scheme membership
- I understand that I require to reduce my hours of work by at least 20% or reduce my grade by at least one grade
- I understand that flexible retirement involves early payment of my pension benefits which may be subject to actuarial reduction
- I confirm that I would like to apply for flexible retirement for a period of no less than 6 months nor more than 3 years prior to my final retirement date

- I understand that flexible retirement will constitute a permanent contractual adjustment until my final retirement date

I understand that this application is notice of my intention to retire on the Date of intended Retirement stated above. If this application is accepted by the Council there is a legally binding agreement that I will retire on that date. This date may be extended only in exceptional circumstances with the approval of the relevant Director and Director People Performance and Change.

Flexible Retirement Proposal

Please use the boxes below to provide any information you feel is relevant to support your application, including any extenuating personal circumstances (please continue on a separate sheet if necessary).

OPTION 1			
<ul style="list-style-type: none"> I wish to apply for flexible retirement on the basis of reducing my hours of work. <input style="float: right;" type="checkbox"/> 			
<ul style="list-style-type: none"> My current weekly hours of work are: 	hours		mins
<ul style="list-style-type: none"> Year 1: I request to reduce my weekly hours of work to: 	hours		mins
<ul style="list-style-type: none"> Year 2 (if applicable) : I request to reduce my weekly hours of work to: 	hours		mins
<ul style="list-style-type: none"> Year 3 (if applicable) : I request to reduce my weekly hours of work to 	hours		
<ul style="list-style-type: none"> If you have a preferred working pattern please enter the details below : 			
DAYS	HOURS	TIMES WORKED	
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

OPTION 2	
<ul style="list-style-type: none"> I wish to apply for flexible retirement on the basis of reducing my salary grade and maintaining my current working hours. 	<input type="checkbox"/>

<p>What do you believe are the benefits to the Council in approving your application?</p>	
<p>Is there any other information you wish to provide to support your application?</p>	

Signed Date

Now pass this form to your Line Manager and arrange to meet them

Part B – To be completed by the line manager receiving the application form

Date application received from employee	
Date receipt of application acknowledged to employee	
Have you discussed this with the employee?	Yes / No * (Delete as appropriate)
Do you support the application?	Yes / No * (Delete as appropriate)

Business Case

Please provide as much information as you can in the boxes below, expanding them as required. Please ensure you complete this section in full before forwarding the form.

Costs and Savings

Please provide details of any costs and/ or savings associated with the flexible retirement application.

Do you intend to backfill the hours/post vacated by the employee?	Yes / No * (Delete as appropriate)
<p>If yes, please provide details:</p> <ul style="list-style-type: none"> Grade & scale point of replacement (on appointment) Contracted hours per week Contracted weeks per year 	

• Delay in recruitment (weeks)	
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Anticipated Costs (non-salary related) – please provide full details, including any strain on the pension fund.	
Anticipated Savings (non-salary related) – please provide full details	

Non-financial Considerations

Anticipated Benefits – please summarise any perceived benefits if the flexible retirement proceeds	
Anticipated Drawbacks – please summarise any perceived issues / drawbacks if the flexible retirement proceeds	

Reasons for your decision	
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Manager's Details

Name	
Designation	
E-mail address	
Contact Telephone number	

Signed **Date**

If you support the application, please pass to the Director to complete Part C.

Part C – To be completed by the Director

If you support the proposal please sign and pass to the Director People Performance and Change for consideration.

Director	
I confirm my support for the above proposal / do not support this proposal <i>(delete as appropriate)</i>	
Name (please PRINT):	
Signature:	Date:

Part D – To be completed by Director People Performance and Change

Director People Performance and Change	
I confirm my support for the above proposal / do not support this proposal <i>(delete as appropriate)</i>	
Name (please PRINT):	
Signature:	Date:

Part E – To be completed by HRSS Team Leader or HRSS Specialist (HR)HRSS	
Line Manager notified: Yes/No	
Copy to Pensions	Date: P
Passed to HRAdmin	Date:
Name (please PRINT):	
Signature:	Date: