

**University of North Florida
Phased Retirement Program Agreement**

Employee Name _____
Employee ID (N#) _____ **Position No.** _____
Effective Date of Retirement _____ **Semester/Date Reemployed** _____
Reemployment Obligation: From _____ **To:** _____
College/Department: _____
DOB: _____ **Years of Service:** _____ **Retirement Plan:** _____
Health Insurance Coverage: Family ___ **Individual** ___
Life Insurance: Yes ___ **No** ___

To participate in the Phased Retirement Program, I understand that I must retire pursuant to laws of Florida and the rules of the Florida Division of Retirement. Furthermore, all retirement benefits for which I am eligible shall be determined accordingly. I understand that by retiring I relinquish all rights to tenure. Also, I understand that my decision to participate in this program is irrevocable. **Employees in the Deferred Retirement Option Program (DROP) are not eligible for the PRP.**

After I have met all eligibility requirements for this program, the University shall provide me a written offer of reemployment under an Other Personal Services (OPS) contract for one-half (.5 FTE) of the academic year (780 hours or 19 ½ weeks). Compensation during the period of reemployment shall be proportional to my salary prior to retirement, including an amount comparable to the pre-retirement employer contribution for health and life insurance and an allowance for any taxes associated with this amount. This period of reemployment obligation shall extend over five (5) consecutive academic years, beginning with the academic year following retirement. Assignments shall be scheduled within one semester unless the University and I agree otherwise.

I understand that, in accordance with the rules of the Division of Retirement, to activate my retirement, I must remain off the University's payroll for one calendar month immediately following my effective date of retirement. I also understand that if I accept reemployment with the University during the second through twelfth month after the date of retirement, there will be no restrictions on concurrent receipt of my retirement benefits and reemployment compensation, providing my reemployment does not exceed 780 hours. I recognize my obligation to repay any retirement benefits paid to me if I exceed the 780 hour reemployment limitation of my retirement plan.

I must notify the University in writing of my acceptance or rejection of the annual offer of reemployment not later than thirty (30) days after receiving the written offer of reemployment. If I fail to do so, I may at the university's option forfeit at the University's option, my reemployment for that academic year.

I may decline an offer of reemployment under this program at any time. However, such decision does not extend the University's reemployment obligation. At the conclusion of the consecutive five-year reemployment period, the University has no obligation to offer me additional employment and no further notice of cessation of employment is required.

Upon retirement, I will be paid for any unused sick and annual leave at the rate as provided under the Collective Bargaining Agreement. Additionally, I will be credited with five (5) days of leave with pay at the beginning of each full-time semester appointment. For less than full time appointments, the leave shall be credited on a pro-rata basis. These five (5) days may be used in increments of not less than four (4) hours when I am unable to perform my assigned duties due to my personal illness or injury or that of my immediate family. Even though I may accumulate such leave for use during this post-retirement reemployment period, I will not be paid for the unused

leave at the termination of the reemployment period. For faculty members who were formerly on 12-month appointments upon entering the Phased Retirement Program, five (5) additional personal non-medical days shall also be credited at the beginning of each full-time semester appointment. This leave is also to be used in increments of not less than four (4) hours for personal reasons unrelated to illness or injury. Except in the case of emergency, the faculty member shall provide at least two (2) days notice of the intended leave. Such leave shall not be accumulated, nor shall the participant be reimbursed for unused leave upon termination of the post-retirement period.

If UFF dues are currently being deducted from my pay, such deduction will be continued in accordance with the Collective Bargaining Agreement.

All rights, privileges, requirements and benefits of employment, as provided in laws, rules, the BOT-UFF Agreement, and university policies apply, including the right to termination for just cause.

I will receive all salary increases guaranteed to faculty members in established positions in an amount proportional to my part-time appointment. I also will remain eligible for non-guaranteed salary increases on the same basis as other employees.

I understand that as a phased retiree, I am required to pay Medicare portion of FICA (Federal Insurance Contribution Act), and since my employment status is OPS, I am prohibited from paying the OASDI (Old Age Survivors Disability Insurance) portion of FICA pursuant to the Division of Retirement/Social Security Administration agreement.

I understand that if I have questions or concerns regarding my tax status as result of participation in the Phased Retirement Program, I will seek counsel from a qualified tax advisor.

This Agreement incorporates by reference all applicable provisions of the BOT-UFF Collective Bargaining Agreement.

Faculty Member/Retiree

Date

Chairperson/Supervisor

Date

College Dean

Date

Provost/Vice President for Academic Affairs/
Designee

Date

cc: Retiree
Chairperson/Supervisor
Personnel File
Academic Affairs
Human Resources