**PRE-RETIREMENT CONTRACT APPLICATION FORM**

**PLEASE COMPLETE AND EMAIL TO:**

**Human Resources Service Centre, Division of University Operations:** [**hrservicecentre@adelaide.edu.au**](mailto:hrservicecentre@adelaide.edu.au)

This form is to be used by a staff member to apply for a pre-retirement contract. Please ensure you have read the [Pre-Retirement Contract Procedure](https://www.adelaide.edu.au/hr/hr-handbook/workforce-management#pre-retirement-contract-procedure) before completing your application.

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| **STAFF MEMBER DETAILS** |
| Staff ID: …………………………………… School/Branch: ……………………………………………………..  Position Title: …………………………………… Position no. (if known): ………………………………….  Title: Family name: ………………………………… Given names (in full):……………………………………………..  Current hours of work: Full-time ☐ Part-time……..hours (per week) |

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| **PROPOSED PRE-RETIREMENT CONTRACT DETAILS** |
| Proposed loading:  10 % (minimum) or …….. %  Proposed commencement date: ……………………………… Proposed end date: ……………………………………….. |

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| **PROPOSED WORK PATTERN** |
| Will the weekly hours change as part of the pre-retirement contract?  No  Yes (If yes, complete the table below)   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **WEEK ONE** | | | | |  | **WEEK 2 (Pay week)** | | | | |  | | **Mon** | **Tue** | **Wed** | **Thurs** | **Fri** | **Total Hrs** | **Mon** | **Tue** | **Wed** | **Thurs** | **Fri PAY DAY** | **Total Hrs** | | **Dates** | --/--/-- | --/--/-- | --/--/-- | --/--/-- | --/--/-- |  | --/--/-- | --/--/-- | --/--/-- | --/--/-- | --/--/-- |  | | **Work Hours** |  |  |  |  |  |  |  |  |  |  |  |  |   ***Please enter work hours in decimal format. 1 full day = 7 hours and 21 minutes (decimal = 7.35 hours )/ 1.0 FTE***  ***NOTE: HOURS CANNOT EXCEED 8 HOURS PER DAY*** |

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| **STAFF MEMBER** |
| Name: ............................................................Signature: ....................................................................Date: .......................................... |

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| **SUPERVISOR** |
| Recommended  Not recommended  Comments to support application: ……………………………………………………..  Name: ............................................................Signature: ....................................................................Date: .......................................... |

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| **HEAD OF SCHOOL/BRANCH** |
| Recommended  Not recommended  Comments to support application: ……………………………………………………..  Name: ............................................................Signature: ....................................................................Date: .......................................... |

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| **AREA MANAGER AUTHORISATION** |
| Approved  Not approved  Comments (if approved): ……………………………………………………..  Name: ............................................................Signature: ....................................................................Date: .......................................... |

**For VC/COO approval of Level E and/or loading which exceeds 25% of salary, please email the application to the** [**HRservicecentre@adelaide.edu.au**](mailto:HRservicecentre@adelaide.edu.au) **for HR to facilitate seeking this approval.**

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| **VICE-CHANCELLOR AND PRESIDENT (ACADEMIC STAFF) / CHIEF OPERATING OFFICER (PROFESSIONAL STAFF)** |
| Approved  Not approved  Comments (if not approved): ………………………………………………………………………………………………………………..  Name: ............................................................Signature: ....................................................................Date: .......................................... |

**If you have any questions, please contact the HR Service Centre via ext: 31111 or email** [hrservicecentre@adelaide.edu.au](mailto:hrservicecentre@adelaide.edu.au) .