



Office of Finance and Administration  
 5163 Duke Street  
 Halifax, NS, Canada B3J 3J6

**FACULTY (UNIT I) NOTICE OF RETIREMENT**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Emp#: \_\_\_\_\_ (provided by Payroll Coordinator upon receipt)  
 mm dd yy

**A) EFFECTIVE DATE OF RETIREMENT** on or after age 65yrs: \_\_\_/\_\_\_/\_\_\_  
 mm dd yy

*For information on benefits at age 65yrs please see your Payroll Coordinator or HR Director*

**B) EFFECTIVE DATE OF EARLY RETIREMENT:** \_\_\_/\_\_\_/\_\_\_  
 mm dd yy

*For details on Early Retirement Options and Benefits please also see Article 41 of the Collective Agreement*

I am opting for (please check ✓ one):

Option 1

Annual payments of 25% of pre-retirement salary until the end of the month of my 65<sup>th</sup> birthday and the entitlement to teach 1 Half-Day Course until June 30<sup>th</sup> following my 65<sup>th</sup> birthday. Remuneration for each Half-Day Course shall be paid at 8% of my pre-retirement full-time salary.

Option 2

Annual payments of 30% of pre-retirement salary until the end of the month of my 65<sup>th</sup> birthday with no entitlement to teach.

Benefits applicable to Option 1 and Option 2

I am aware that if I choose to continue participating in the following benefit plans that I am required to pay the full cost (employee and employer's share)

I will continue to participate in the following benefit plans:  HEALTH and  DENTAL

I will not continue to participate in the following benefit plans:  HEALTH and  DENTAL

\_\_\_\_\_  
 Employee's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Administration

\_\_\_\_\_  
 Date

Please submit to the Office of Academic Affairs  
 Office of Academic Affairs: copy Payroll & Benefits Coordinator, Human Resources, Dean

