



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 FLEXIBLE RETIREMENT: ___/___/___
 mm dd yy

For details on Flexible 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 65th birthday and the entitlement to teach 1 Half-Day Course until June 30th following my 65th 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 65th 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

