University of Central Arkansas

Phased Retirement Program Agreement and Waiver

This **Agreement and Waiver** is entered into this day of , , by and between and the University of Central Arkansas.

I, , state on oath as follows:

* That I have been an employee of the University of Central Arkansas since and that my current title is ;
* That I am not receiving long-term disability insurance or workers compensation benefits;
* That on my own initiative, I have sought an agreement for phased retirement in accordance with a Board of Trustees Resolution adopted on March 12, 1999, and updated from time to time since its adoption;
* That I acknowledge that I have the right to seek the advice and counsel of attorneys, accountants, and others who could aid me in making an informed decision regarding my participation in the phased retirement program;
* That I have been given at least forty-five (45) calendar days to consider my participation in the phased retirement program; and
* That I voluntarily do hereby enter into phased retirement from my position as effective , , recognizing and acknowledging that all rights and obligations, as an employee, will end on , .

In consideration for the participation in the phased retirement program as more fully described in [Board Policy 528](http://uca.edu/go/bot528) (formerly Board Policy 356), the provost, on behalf of the University of Central Arkansas, hereby accepts such proposal and in consideration thereof agrees to allow me to retire in the manner indicated in the following chart:

| FTE Load | Semester | % of Base Salary | Year of Phased Retirement |
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All earlier oral or written agreements, and board policies regarding employment between the University of Central Arkansas and are superseded by this **Agreement and Waiver**. This **Agreement and Waiver** does not affect or alter the rights, privileges, or options accrued to this date that now has under pension (annuity), insurance, or other plans, if any, in which has participated and to which the university has made contributions, nor any rights, privileges, or options to which emeriti faculty are entitled by reason of that rank.

I agree to voluntarily waive any rights, claims, or causes of action that I may have had under the Age Discrimination in Employment Act.

I further agree to voluntarily waive any rights, claims, or causes of action that I might have had concerning any aspect of my employment at the University of Central Arkansas.

Department Chair

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Employee

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Provost

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|  | Witness’s Signature |  |  |

[Form updated 2017-09-20]