**SIR SANDFORD FLEMING COLLEGE**
**Reduced Workload Application**
**Transition to Retirement**

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Empl. #:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Centre/Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I have read the Reduced Workload Procedures and understand the process for application.**

**I am applying for a Reduced Workload leading to my retirement date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The Reduced Workload begins on \_\_\_\_\_\_\_\_\_\_\_\_\_ and ends on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Details of the Reduced Workload and reflected on the attached Reduced Workload Agreement form.**

**I understand that this Reduced Workload agreement, leading to my retirement date is irrevocable. My retirement date is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Further, I understand that the opportunity for future work with the College post-retirement will be subject to organizational need, operational requirements, CCRA regulations and skills/abilities required.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
**Employee Signature                             Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
**Leader’s Signature                               Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_          \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HR Consultant Signature               Date**