

PHASED RETIREMENT REQUEST AND AGREEMENT

PRIVACY ACT STATEMENT

AUTHORITY: Title 5, U. S.C.Chapter 83 (Section 8336a) Retirement, and Chapter 84 (Section 8412a), Federal Employee Retirement System, and DTM-16-004, Phased Retirement.

PRINCIPAL PURPOSE(S): The information you furnish is needed to document your election of phased retirement status and will be used to determine and allow present or future benefits, to identify records properly associated with your election, and to maintain a uniquely identifiable claim file.

ROUTINE USE(S): The information may be shared, pursuant to the routine uses established in Office of Personnel Management System of Records Notice OPM/GOVT-1 (<http://dpcl.d.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570733/opmgovt-1.aspx>).

DISCLOSURE: Voluntary; however, failure to furnish the requested information may delay or prevent action on your election

INSTRUCTIONS

General Instructions for Employee:

Employees interested in phased retirement should schedule a counseling session with their servicing human resources specialist or benefits specialist. The decision to request phased retirement should be taken only after the employee has been made fully aware of the requirements of phased retirement and the impact to his/her monthly income. The employee should then discuss phased retirement with his/her supervisor.

To Request Phased Retirement:

Once an employee is comfortable that phased retirement is the right choice he/she will need to complete Section A of this form, and submit to an authorized DoD Component official. If the authorized DoD Component official is not the employee's supervisor, the employee should submit the form to his/her supervisor for a recommendation.

If the Request for Phased Retirement is Denied:

Denial of an employee's request for phased retirement will be documented on this form by an authorized DoD Component official and a copy of the denial will be provided to the requesting employee. If the employee's request for phased retirement is denied, the employee will not complete Section D of Part II. However, the original DD Form 3018 and any additional documentation will be kept in accordance with applicable records retention schedules.

If the Request for Phased Retirement is Approved:

Approval of an employee's request for phased retirement will be documented on this form by an authorized DoD Component official, and a copy will be provided to the requesting employee. The requesting employee will then complete Section D of Part II, Phased Retirement Agreement, and enter into a specified period of phased retirement as annotated in Blocks 1 and 2 of Section C of Part II, Phased Retirement Agreement.

The employee will provide the completed and signed DD Form 3018, SF 3116, and either the SF 2801/SF3107 to his/her servicing benefits office for processing. The SF 2801 is for employees covered under the Civil Service Retirement System (CSRS) and the SF 3107 is for employees covered under the Federal Employees Retirement System (FERS).

PART I - PHASED RETIREMENT REQUEST			
Department of Defense employees requesting phased retirement will complete Part I.			
SECTION A - EMPLOYEE INFORMATION			
1. I REQUEST TO ENROLL IN PHASED RETIREMENT, EFFECTIVE: (YYYYMMDD)	2. I REQUEST THE FOLLOWING ENDING DATE FOR PHASED RETIREMENT: (YYYYMMDD)		
3. DEPARTMENT OR AGENCY	4. LOCATION		
5. TITLE, SERIES, AND GRADE			
6. EMPLOYEE PRINTED NAME (Last, First, Middle Initial)	7. EMPLOYEE SIGNATURE		
SECTION B - SUPERVISOR RECOMMENDATION			
<i>(Complete if the supervisor is different from the authorized DoD Component official with authority to approve the request.)</i>			
8. SUPERVISOR'S RECOMMENDATION: <input type="checkbox"/> YES <input type="checkbox"/> NO	9. SUPERVISOR'S PRINTED NAME (Last, First, Middle Initial)	10. SUPERVISOR SIGNATURE	11. DATE SIGNED (YYYYMMDD)
PART II - PHASED RETIREMENT AGREEMENT			
Per DoD policy DTM-16-004, this agreement is required for each period of phased retirement. It establishes the terms and time limitations for the employee's period of phased employment.			
*NOTE: While an employee may only enter phased retirement one time, the employee may, with approval from an authorized DoD Component official, extend or reduce an approved period of Phased Employment by entering into a new Phased Retirement Agreement before the expiration of the agreement currently in effect.			
SECTION C - AGENCY DECISION			
1. APPROVED EFFECTIVE DATE OF PHASED RETIREMENT (YYYYMMDD)	2. APPROVED ENDING DATE OF PHASED RETIREMENT (YYYYMMDD)		
3. APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO	4. AUTHORIZED OFFICIAL'S PRINTED NAME (Last, First, Middle Initial)	5. AUTHORIZED OFFICIAL SIGNATURE	6. DATE SIGNED (YYYYMMDD)

SECTION D - EMPLOYEE AGREEMENT AND ACKNOWLEDGEMENT

(Each item must be initialed.)

I UNDERSTAND AND AGREE THAT BY ENTERING INTO PHASED RETIREMENT FOR THE TERM APPROVED IN SECTION C:

INITIALS:

a. I may request permission from an authorized DoD Component official return to regular employment status at any time.

_____ If approved to return to regular employment status:

I will be considered a full time employee with full leave accrual and benefits and will no longer receive any annuity payments. The phased retirement period will be treated as if it had been a period of part-time employment. The part-time proration adjustment for the phased period will be based on the officially established part-time work schedule and no credit is given for any extra hours that may have been worked. To determine the deemed rate of basic pay during the phased retirement period, only basic pay hours within the officially established part-time work schedule may be considered. No pay received for other hours during the phased retirement period may be included as part of the basic pay for computation of retirement benefits. General retirement rules are still applicable. The restrictions regarding civilian deposits, re-deposits, and military deposits do not apply when my phased retirement ends and I return to regular employment.

CSRS employees only: If your phased annuity is subject to an actuarial reduction for unpaid redeposit service, the annuity you are entitled to at full retirement is subject to the actuarial reduction increased by the cost-of-living adjustments.

_____ **b.** I may elect to fully retire at any time without the DoD Component approval.

_____ **c.** I may accept a new full-time or phased employment appointment at another federal agency with or without the new agency's approval for phased retirement.

This may occur at any time prior to the agreement expiring, or within 3 days of expiration of this agreement. If the authorized official of the new agency does not approve the request, the phased retirement period will terminate.

_____ **d.** I agree to the term of phased retirement approved in Section C, blocks 5 and 6. When this agreed term of phased retirement ends, I will be separated and such action will be considered a voluntary action based upon this written agreement. I will then be deemed to have elected full retirement.

_____ **e.** If I am voluntarily or involuntarily separated from employment during the period of phased retirement and have not been employed by another federal agency within 3 days or more of the date of separation, I will be deemed to have elected full retirement.

_____ **f.** An authorized DoD Component official and I may rescind this agreement or complete a new agreement to extend or reduce this term of phased retirement, by completing a new written agreement before the expiration of this agreement.

_____ **g.** Mentoring is an essential element of phased retirement. By entering into this agreement, I understand I will be required to perform mentoring duties, as described by leadership, for at least 20% of my phased retirement work schedule.

SECTION D - EMPLOYEE AGREEMENT AND ACKNOWLEDGEMENT

(Continued)

INITIALS:

_____ **h.** I will have an officially established work schedule with a working percentage equal to 50 percent of full-time. I may work and be assigned hours of work in excess of the established schedule only in rare and exceptional circumstances, i.e., the work is necessary to respond to an emergency posing a significant, immediate, and direct threat to life or property.

_____ **i.** I will not modify or change my established work schedule and will maintain my working percentage. No changes to my working percentage are allowed without the written approval of an authorized DoD Component official.

SECTION E - AGENCY COMMENTS

Agencies may use this space to provide additional information as applicable.

1. EMPLOYEE PRINTED NAME
(Last, First, Middle Initial)

2. EMPLOYEE SIGNATURE

3. DATE SIGNED
(YYYYMMDD)