



Reduced Work Policy (HR9)

Pre-retirement Reduced Appointment Agreements for Staff

Reduced Work Policy Application and Agreement Form for Non-Union Staff (HR9)

UBC's [Reduced Work Policy \(HR9\)](#) provides flexible employment arrangements to eligible staff leading up to an agreed upon retirement date. At the request of a staff member, and with the support from their Administrative Head of Unit, the Responsible Executive (Vice President, Human Resources) may approve a Pre-retirement Reduced Appointment Agreement (PRA Agreement) in accordance with HR9.

If the staff member requesting a reduced work schedule under HR9 is a unionized employee, please consult with your [HR Advisory representative](#).

To make a request for a reduced appointment leading up to retirement, a departmental administrator or manager will:

- Ensure the eligibility criteria is met;
- Review the Reduced Work Policy (HR9) Procedure for Administrators/Managers document;
- Complete this form, including details of the proposed PRA Agreement;
- Obtain support from the Administrative Head of Unit; and
- Consult with the relevant [HR Advisory representative](#) before obtaining the Administrative Head of Unit's signature.

Once the staff member's Administrative Head of Unit signs the form, please submit the form to your [HR Advisory representative](#).

UBC Vancouver HR Advisory/UBC Okanagan HR will facilitate approval from the Responsible Executive.

Eligibility criteria:

A PRA Agreement may be considered where a staff member:

1. Holds a full-time continuing appointment;
2. Is at least 55 years of age;
3. Has a minimum of 15 years of full-time continuous service at the University;
4. The proposed length of the reduced appointment does not exceed three years; and
5. That the proposed reduced appointment is not less than 50% FTE.





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Employee Details	
Name	
Title	
Employee ID	
Employee Group	
Campus	
Faculty/Unit	
Department	
UBC Continuous Service Date	
Date of Birth	

Proposed details of the PRA Agreement	
Start date of proposed PRA Agreement	
Proposed retirement date	
Employee's current FTE	
Proposed reduced FTE	
Duration of the FTE reduction	

Additional details of PRA Agreement:

Please outline any additional and relevant details which shall form part of the PRA Agreement. If the proposal includes multiple reductions in FTE over a period of time, please outline the dates and details.

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Employee Acknowledgement

I _____ understand that:

- The term of this arrangement will be from _____ (insert date) and will continue until I retire, or termination of employment (if applicable).
- I will retire by _____ (insert date), and I understand that if my application is approved, that this application **will be irrevocable notice of retirement on my part**.
- My salary will be proportionate to the reduced time worked and will be subject to normal salary reviews appropriate to the compensation policy relating to my classification, occupational group or relevant collective agreement.
- My contribution to all benefit programs (including pension) will be based on my base full-time salary (before reduction) with the exception of Disability Benefit Plan/Income Replacement Plan premiums which will be based on actual salary received.
- The University's contribution to my pension plan and other benefit programs (if applicable) will be on the same basis as above.
- Paid sick and vacation time will be pro-rated based on the reduced time commitment. However, it is noted that paid sick time may only be used during a period when I am normally scheduled to work.
- Paid holidays will be paid when they occur on a day on which I am normally scheduled to work, at the reduced level.
- Reduced workload appointments concluded under the above practices shall continue until retirement, or termination of employment (if applicable).
- I agree to the proposed details and timeline as outlined in this document and understand that this will constitute a PRA Agreement under UBC Policy HR9.





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Agreement by Employee	
Name	
Title	
Signature	
Date	

Changes to work performed and recommendation from employee's Administrative Head of Unit:

Please provide: (1) an outline of the nature of the position, (2) the proposed changes to the work performed, (3) what is happening to the work, (4) the duration of the changes and the proposed work schedule, and (5) details as to the financial impact of the arrangement such as cost savings or increased costs.

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Signature of Administrative Head of Unit supporting the proposed PRA Agreement	
Name	
Title	
Signature	
Date	

Approved by the Responsible Executive, the Vice President, Human Resources	
Name	
Title	
Signature	
Date	

Please make sure to complete and sign the form using Adobe to avoid any technical issues.

Once a fully executed form has been returned, the department/unit will need to process the FTE change(s) in Workday using the [Change Job – FTE Changes – Reduced Appointments < Staff: Reduced Workload/Responsibility \(Policy HR9\)](#) action reason and attach the fully executed form. **Please refer to the applicable KBA for direction on how to process a Change Job business process correctly to ensure that the employee pension and other benefits are administered appropriately during the reduced FTE period.**

Note: Attaching the approved form to the Workday Business Process is a mandatory step.

