

Retirement Form

Employee Retirement Information

I, _____ (employee name), am retiring, effective at close of business
on _____ (mm/dd/yy).

I certify that this retirement is executed by me voluntarily and of my own free will, and that I desire to discontinue my services at the University of Central Florida. This retirement is not given or executed due to any threat, force, duress, menace, or undue influence of any kind, by any person or persons whomsoever.

Supervisor's Response

*Must be completed if the employee provides **less than two weeks' notice**.*

I accept the employee's notice of retirement. The employee is eligible for rehire.

I accept the employee's notice of retirement. The employee is **not** eligible for rehire. By marking the employee ineligible for rehire, the employee will be ineligible for rehire within the entire university.

Signature Section

Supervisor and employee signatures are required.

Supervisor Name:

Department:

Supervisor Signature:

Date:

Employee Signature

Date: