



UNIVERSITY OF CENTRAL FLORIDA Retirement Form

I _____, am retiring, effective at close of business on _____. (Employee Name) (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.

Signature Section - Supervisor and employee signatures are required.

Signature of Supervisor Print Name Date

Signature of Employee Print Name Date

Employee ID Department Name

Attach to: Electronic Personnel Action Form (ePAF)
Copy to: Employee
Department File