This form must be submitted to your head teacher at the earliest opportunity before the date you wish your chosen working arrangement to take place. Please note that the SPPA require 4 months notice.

|  |
| --- |
| **Personal details** |
| Name:  | Employee Number:  |
| Job Title:  |
| Personal Email Address:  |
| Headteacher’s Name:  | Headteacher’s Location:  |

**Flexible Retirement Options**

I would like to apply to work under the following arrangement: (Please tick one box only)

Actuarially Reduced Pension Scheme (ARP)

Phased Retirement

Winding Down Scheme (STSS Protected Members Only)

**Working Pattern**

If applying for Phased Retirement or the Winding Down Scheme please complete this section:

Phased Retirement: Please outline how you will be reducing your pensionable pay by a reduction in hours or grade and the potential impact on your role. Please note your pensionable pay has to be reduced by at least 20% for a minimum of 12 months.

Winding Down Scheme: Please describe the pattern of working you would like to adopt or number of hours you wish to work. Please note a minimum of 0.5 FTE working pattern is required for this scheme.

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**Teacher Confirmation**

I would like to start this working option from:

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Phased Retirement or Winding Down Scheme only please state end date:

End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm I will retire at this date if my application is granted.

* I understand that reduction to pension as part of the ARP is permanent (only applicable for ARP option).
* I consider myself to be of reasonable health and fitness to undertake the duties of the post.
* I understand that Falkirk Council is bound by the Scottish Teachers Pension Scheme regulations.

##### Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note any approval of your request for these working options is a variation to your contract and is not determined as a dismissal.

**This Section is for Office Use Only**

**Headteacher Recommendation**

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| --- |
| Recommendation: |
|  |
|  |
| Date of meeting with employee: |  |
| Name: |  |
| Signature: |  |

**Service Manager Record of Decision**

Please tick the relevant box to indicate whether the recommendation is approved, rejected or amended and provide your signature below. A comments box has been provided for you to detail the reason if disagreement exists or if you wish to add additional information. Please seek advice from HR if you are rejecting the application.

Application Accepted

Application Rejected

Application Amended

|  |  |
| --- | --- |
| Date new working pattern will start |  |
| Date of review (if applicable) |  |
| Reason for rejection or additional information  |  |
|  |
|  |
| Name |  |
| Signature |  |
| Date |  |

Please send this completed form to **Staffing & Recruitment, Municipal Buildings, Falkirk, FK1 5RS** who will make the necessary changes on the system and send out the appropriate SPPA paperwork.