



Riverside School Board

REQUEST FOR A PROGRESSIVE RETIREMENT

In conformity with the provisions of the collective agreement, I,

Name: _____

School or Department: _____ Position: _____

request a progressive retirement according to the following:

The plan starts on _____, 20____ and expires on _____, 20____

☐ **The expiration date includes the optional 2 years extension.**

Please note that the plan including the extension cannot exceed 7 years.

Workload	For the school year (1)	_____	:	_____	%
	For the school year (2)	_____	:	_____	%
	For the school year (3)	_____	:	_____	%
	For the school year (4)	_____	:	_____	%
	For the school year (5)	_____	:	_____	%
	For the school year (6)	_____	:	_____	%
	For the school year (7)	_____	:	_____	%

Signature of employee

Date

FOR THE USE OF THE HUMAN RESOURCES DEPARTMENT

The progressive retirement request as described above is accepted ☐
 refused ☐

Period: From: _____ to: _____

% of leave: _____

Details: _____

Note: Please advise of any change in percentage for the following year.

Shauna Callender
Director of Human Resources

Date

c.c. Union
 Principal or Director