Riverside School Board

PROGRESSIVE RETIREMENT MODIFICATION REQUEST

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

Name: _____

School or Department: _____ Position:_____

request a progressive retirement plan modification according to the following:

The plan started on _____,20____ and will expire on _____,20____ .

☐ **I request the plan to be extended until _____,20____ .**
Please note that the extension must be between 1 and 5 years maximum and that the total duration of the plan including the extension cannot exceed 7 years.

☐ **I request a workload modification:**

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: _____

_____ _____
Shauna Callender Date
Director of Human Resources

c.c. Union
Principal or Director