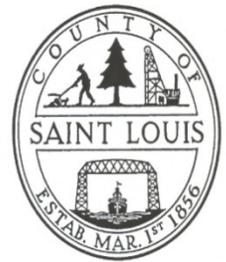


# ST. LOUIS COUNTY PHASED RETIREMENT AGREEMENT



*Instructions: Complete this form & the PERA form & submit both to your Personnel Officer at least 3 weeks prior to the employee's retirement date or current PRO appointment end date. This is a fillable form. Click a grey box to fill. Click Tab to move to the next box. Save when done & then email the saved document to the next reviewer. NOTE: Digital/electronic signatures are acceptable.*

## DEPARTMENT

DEPARTMENT	SUPERVISOR'S NAME
BUSINESS REASON FOR PRO ASSIGNMENT/RATIONALE FOR EXTENSION	
DESCRIPTION OF WORK TO BE PERFORMED	
<input type="checkbox"/> INITIAL ASSIGNMENT <input type="checkbox"/> EXTENSION: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> Last	
DO YOU ANTICIPATE THE NEED TO EXTEND THIS ASSIGNMENT (OR EXTEND IT AGAIN)?	
<input type="checkbox"/> No <input type="checkbox"/> Yes: If yes, why?	
START & END DATES OF PRO ASSIGNMENT (may not exceed 12 calendar months)	EMPLOYEE'S NAME
PROPOSED CLASSIFICATION OF PRO ASSIGNMENT	EMPLOYEE'S CURRENT JOB CLASS
PROPOSED % FTE OF PRO ASSIGNMENT	EMPLOYEE'S CURRENT % FTE

SUPERVISOR'S SIGNATURE	DATE
DEPARTMENT HEAD'S SIGNATURE	DATE

## EMPLOYEE RELATIONS/ADMINISTRATION

APPROPRIATE CLASS FOR THE ASSIGNMENT	PAY PLAN/GRADE/STEP/HOURLY RATE
EMPLOYEE RELATIONS STAFF SIGNATURE	DATE
EMPLOYEE RELATIONS DIRECTOR'S SIGNATURE	DATE
COUNTY ADMINISTRATOR'S SIGNATURE	DATE