**PRI SAMPLE**

[USE DEPARTMENT LETTERHEAD]

[DATE]

Dear [NAME OF ELIGIBLE PARTICIPANT],

This letter is to confirm our previous communication that included your plan to participate in the Phased Retirement Incentive (PRI) as part of your formal plan to retire on [DATE] (one day following the last day worked).

I am grateful and appreciative for all of your valuable contributions to the success of the Department of [DEPARTMENT NAME] and look forward to working with you as you transition to retirement and explore new opportunities. Outlined immediately below is a summary of the agreed upon full-time equivalent percentages and duties/commitments that are planned during your transition to retirement.

**Duration of Pre-retirement Period:**

[INSERT DURATION AND EXACT DATE RANGE WHICH MUST BE 1 TO 3 YEARS]

**Full-Time Equivalent Percentages and Transition Periods:**

[INSERT DATE RANGE OF PHASE DOWN PERIOD AND PERCENTAGE OF FTE BELOW THAT CAN BE NO LESS THAN 30%. EXAMPLE: YEAR ONE: 75%, YEAR TWO: 50%; YEAR THREE: 35%]

Year 1: [XX/XX/XX to XX/XX/XX]: [XX% FTE]

Year 2: [XX/XX/XX to XX/XX/XX]: [XX% FTE] (DELETE IF PERIOD IS NOT APPLICABLE)

Year 3: [XX/XX/XX to XX/XX/XX]: [XX% FTE] (DELETE IF PERIOD IS NOT APPLICABLE)

**Agreed Upon Duties/Commitments During Transition Period:**

[INSERT CLINICAL ACTIVITY/SESSIONS, RESEARCH, EDUCATION AND OTHER DUTIES BELOW]

Year 1:

Year 2: (DELETE IF PERIOD IS NOT APPLICABLE)

Year 3: (DELETE IF PERIOD IS NOT APPLICABLE)

Should you have questions regarding the outlined time period or activities listed above, please feel free to contact me or [INSERT DEPARTMENT ADMINSTRATOR].

Sincerely,

[DEPARTMENT DIRECTOR]

(IF APPLICABLE, LETTER CAN BE WRITTEN AND SIGNED BY BOTH THE DIVISION DIRECTOR AND DEPARTMENT DIRECTOR)

AGREED TO BY:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[NAME OF ELIGIBLE PARTICIPANT] [DATE]

CC: [DEPARTMENT ADMINISTRATOR]

Jennifer Van Beek, Program Coordinator for Senior Faculty Transition Program (SOMretirement@jhmi.edu)