**SFTP – AFPR 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 All Ranks Phased Retirement (ARPR) 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 (FTE) 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)

[NAME OF ELIGIBLE PARTICIPANT] will remain eligible for the University’s medical, welfare and pension plans throughout the SFTP. The University’s contributions to the 403(b) plan will be reduced in proportion to the percentage of work and salary for the applicable year.

During the entire period covered by this letter agreement, you will also be entitled to all rights and benefits to which you are currently entitled as set forth in the Gold Book, formally known as the POLICIES AND GUIDELINES GOVERNING APPOINTMENTS, PROMOTIONS, AND PROFESSIONAL ACTIVITIES OF THE FULL-TIME FACULTY OF THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE, dated September 2017.

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] [DATE]

(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]

[SOMretirement@jhmi.edu]