

Notice of Intent to Retire

Section 1		
Surname	First Name	Middle Name
ID Number	Department	
This form shall be used to provide your of	ficial written notice of Retireme	nt or intention to retire. Please complete
all sections and forward to your Departmental Chair/ Dean or Supervisor for signature. Upon completion please send to Human Resources.		
Section 2		
I hereby elect to retire from the University of Prince Edward Island, effective When the notice period is within 6 months prior to retirement, your LTD premiums will cease to be deducted.		
Signature of Retiring Employee		
Date		
Signature of Departmental Chair/ Dean or Supervisor		
Date		
c. Payroll		

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