**Request to work beyond retirement form**

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| **Name:**  |  |
| **School/Unit:** |  |
| **Line manager:** |  |
| **EJRA Date:** |  |
| **Length of extension requested:** |  |
| **Proposed working arrangements for the extended period. Please confirm why it would be of benefit to the University to allow you to continue in your role.** |
|  |
| **Signed:**  |  | **Date:** |  |

**Please submit to line manager for review and consideration.**

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| **Line manager’s statement** |
| Is this request supported?  | **Yes** |[ ]  **No** |[ ]
| **Please give justification for your decision including the benefits to be gained:** |
|  |
| **Signed:**  |  | **Date:** |  |

**Please submit to the** **Director of Human Resources****.**