

# Flexible Retirement Approval Form

## For completion by the employer

### Section 1

**The request for flexible retirement has been approved by:**

Name of employer

In respect of: Name

National Insurance  
number

The above named has reduced their hours from  hours to  hours with effect from  date

**OR**

The above named has reduced their grade from  to  with effect from  date

**IN ALL CASES: AUTHORISED MANAGER OR OFFICER**

I agree to the request for reduction in hours or grade and release of pension

Name

Job Title

Signed

Date

**IN CASES WITH CAPITAL COSTS: THE AUTHORISED MANAGER OR BUDGET HOLDER  
MUST ALSO COMPLETE THIS DECLARATION:**

Estimated capital costs of £  have been provided by the Pensions Section. I confirm that I have agreed the proposed method of financing the additional costs

Name

Job Title

Signed

Date



## Section 2: Checklist

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In order to put this pension into payment, please complete the following checklist:

- ☐ I have checked that the form is complete before sending to the Pensions Section
- ☐ I have informed my payroll section and/or HR of the change in grade or hours
- ☐ I have instructed my payroll section to complete and forward the pension scheme leavers form to the Pensions Section at the earliest opportunity.  
For most employers, this will be the ePen3.
- ☐ If the scheme member paid into an AVC, I have ensured that the contributions have ceased immediately prior to the change in hours or grade.

**Return the completed form to**  
**[pensions@leics.gov.uk](mailto:pensions@leics.gov.uk)**

**If this form is received incomplete, then it will be returned to the sender.**

