

Time Limit and Mentoring Agreement

(Supplemental form required with Phased Retirement Application)

U.S. Department of Housing
and Urban Development

Part 1 – Applicant Information			
1. Applicant Name			
Last	First	Middle Initial	
2. Work Address			
Street	City	State	Zip
3. Work Telephone Number	4. E-mail Address		
() -			
Office/Division/Branch (Do not abbreviate or use acronyms)			
5. Official Position Title (e.g. Management Analyst)			6. Pay Plan- Series – Grade (e.g. GS-343-09)

Part II – Time Limit Agreement

Time Limit – An established period of time that an employee may participate in phased retirement, by mutual agreement between the supervisor and participating employee. Time limits are to be established for periods up to, but not exceeding one (1) year, in line with the expiration date of the pilot program. If the program is fully implemented, extensions may be granted for periods of up to one year at a time, not to exceed three (3) years, aggregately.

Select ONE of the following options:

Initial Time Limit Agreement - This is applicant’s first time limit agreement. Employees electing to enter phased retirement will be subject to a maximum period up to one (1) year for the pilot program.

Time Limit Extension – Select this option if you are under an active time limit agreement and are requesting an extension. The employee is to submit a request **at least 30 days prior to expiration** with written justification from the supervisor.

Applicant must read and initial each of the following statements. I understand that:

- 1) I may, with the permission of the approving official, return to regular employment status (prior to the expiration of this agreement), subject to 5 CFR § 831.1721, 5 U.S.C. 8336a(g), and by following the procedures outlined in HUD’s Phased Retirement Policy and Procedures Handbook.
- 2) I have the right to elect to fully retire at any time (as provided in 5 CFR § 831.1731) or upon expiration of the time limit agreement.
- 3) I may accept a new appointment at another agency, with or without the new agency’s approval for me to continue in phased employment, at any time before the expiration of this agreement or within 3 days of the expiration of the agreement.
- 4) If I return to regular employment status, I will be prohibited from reelecting phased retirement status.
- 5) When the agreed term of phased employment ends, I will be separated from employment and that such separation will be considered voluntary based on this agreement, unless I am approved to return to regular employment or accept a new appointment at another agency prior to expiration of this agreement.
- 6) If I am separated from phased employment and not employed within 3 days (i.e., a break in service of greater than 3 days), that I will be deemed to have elected full retirement.
- 7) A HUD authorized approving official may rescind an existing agreement, or approve the employee to enter into a new agreement to extend or reduce the term of phased employment agreed to in an existing agreement, by entering into a new written agreement before the expiration of the agreement currently in effect.
- 8) I understand that a HUD approving official may remove me from phased retirement prior to the end of the time limit agreement due to budget restrictions, performance, or conduct and will use existing workforce authorities such as removal for performance or conduct; transfer of function or reduction in force; as appropriate.

Employee’s Signature	Date (mm/dd/yyyy)
Supervisor’s Signature	Date (mm/dd/yyyy)

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Part III – Mentoring (This section is to be completed by the Supervisor.)

Phased retirees are required to provide approved mentoring activities for 20% (i.e. 8 hours) of their work hours each biweekly pay period.

1. The Supervisor is to select the style(s) of mentoring for which the phased retiree is willing and capable of performing.

_____ **Traditional** – senior employee mentors a lower-graded employee.

_____ **Situational** – focus is on a specific situation (e.g. to solve a problem).

_____ **Peer-to- Peer** – mentoring of another individual who will carry out the duties of the phased retiree.

_____ **Group Mentoring** – mentoring of two or more individuals.

2. The Supervisor is to select at least one of the following. The mentoring activities will be used for:

_____ **Knowledge transfer** - Sharing of information by professionals and experts in a field.

_____ **Knowledge management** – Cataloguing and storing information in a database. It also captures, develops, and effectively uses organizational knowledge and information. Phased retiree mentors can share their strategies and processes used during their work experience and lessons learned as a strategic asset for the organization.

_____ **Succession Planning** – Identifying and developing staff members who have the potential to fill key leadership positions. Phased retiree mentors help the organization develop the competencies of potential future leaders within the agency.

_____ **Career Development** – Providing advice and guidance to an individual that will help develop their career. It may involve discussing training, job assignment, work balance, and / or focusing on areas needing improvement (e.g. writing skills).

3. Use the space below to provide a detailed description of the mentoring activities that the phased employee will perform. (A continuation sheet may be attached if necessary.)

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Part IV – Applicant Acknowledgement

The employee must initial EACH of the following statements affirming the employee has read and understands each statement. As a Phased Retiree:

- 1) _____ As a condition for approval to participate in phased retirement, I agree to spend a minimum of 20% (8 hours) of my working hours each biweekly pay period performing mentoring activities detailed in this mentoring agreement.
- 2) _____ I am not permitted to work more than 40 hours each bi-weekly pay period (50% of current work hours) and no more than 8 hours a day unless on an approved alternate work schedule.
- 3) _____ I understand that, generally I will not be eligible to earn overtime or compensatory time. In the rare occasion that overtime is required, authorization must be obtained from my supervisor and approved by the Chief Human Capital Officer.
- 4) _____ I understand that HUD does not provide a guarantee that I will be allowed to return to a full-time status after entering phased retirement. Authority to return a phased retirement employee to full time employment lies solely with the Agency. All determinations to return an employee to full-time status from phased retirement will be coordinated with the program office director and the Office of the Chief Human Capital Officer.
- 5) _____ I understand and voluntarily agree to either, (1) enter immediate regular retirement, or (2) be returned to regular working status if it is determined that I am not regularly meeting the mandatory mentoring requirement or if I fail to perform the required duties successfully. I acknowledge that I may only enter phased retirement once.

Employee Signature

Date (mm/dd/yyyy)

Part V – Supervisor’s Certification (To be completed by the employee’s first-level

As the supervisor, I certify that I will closely monitor an approved phased retirement employee. I acknowledge I am responsible for ensuring that the employee meets the 20% (i.e. 8 work hours) mentoring requirement each pay period. I will also ensure the Phased employee’s hours of work remain at the 50% (i.e. 40 work hours per pay period) threshold.

The applicant must meet ALL of the following Participation Eligibility Requirements:

- 1) _____ Is a non-temporary, “retirement-eligible” employee.
- 2) _____ Has been employed on a full-time basis for not less than the 3-year period preceding the effective date of his or her entry into phased retirement status (**Note:** this is a statutory requirement and may not be waived).
- 3) _____ Is an employee in the Civil Service Retirement System (CSRS) or the Federal Employees Retirement System (FERS), who is eligible for immediate full retirement AND meet the provisions of the implementing regulations.
- 4) Is either (select ONE):
 _____ A CSRS employee who has at least 30 years of service and has attained at least age 55 or has at least 20 years of service and has attained at least age 60 **OR**
 _____ A FERS employee who has at least 30 years of service and has attained at least the Minimum Retirement Age (MRA), between ages 55-57, or have at least 20 years of service and has attained at least age 60.
- 5) I certify that the employee (select ONE):
 _____ Is willing and capable of serving as a mentor without training and the Phased Retirement application package may be submitted to the GDAS or equivalent for immediate approval consideration **OR**
 _____ May be capable to serve as a mentor only upon completion of “How to be a Mentor” training. I will ensure the employee successfully completes this training **prior to submitting the Phased Retirement application package to the GDAS or equivalent for approval consideration.**

Supervisor’s Name (Print)

Supervisor’s Signature

Date (mm/dd/yyyy)

Authorization of the Agency Approving Official

_____ **Approved**

_____ **Denied** - If denied, written explanation is required below. (A continuation sheet may be added If additional space is required)

Authority Official’s Printed Name

Title

Authorized Official’s Signature

Date (mm/dd/yyyy)

Effective date of Phased Employment (mm/dd/yyyy)

Termination date of Phased Employment (mm/dd/yyyy)