##### Notification of Intent to Retire Planning Form

##### for Credentialed Professional Staff Members

Credentialed Professional Staff may be asked to complete the Notification of Intent to Retire Planning Form at the discretion of the Division/Department Chair/Chief. This process is a component of the Career Development and Planning (CDP) process. Once you have been asked to complete this form, you may be asked to resubmit a new form every 2 years thereafter.

Please complete Part A of the Notification of Intent to Retire Planning Form and submit it to your Division/Department Chair/Chief. A meeting will be scheduled to discuss your future retirement plans and to complete Part B of the form. If you have identified a retirement date, this will assist the department in initiating an HR recruitment plan to ensure that you, your office staff, your patients and department experiences a smooth and orderly transition as you move from active clinical practice to retirement.

If you are unsure of a retirement date, you can discuss a more long-term plan with your Division/Department Chair/Chief to ensure that your long-term plans are integrated into the department’s 5-year human resource planning needs.

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| **Today’s Date:** | **Position #:** | |
| **First Name:** | **Surname:** | |
| **Primary Department:** | **Division:** | |
| **Cross Appointment Department:** | **Cross Appointment Division:** | |
| **Secretary Name:** | | |
| **PART A – To be completed by the Professional Staff member prior to the meeting with the Division/Department Chair/Chief.** | |
| Please highlight your current clinical workload: | |
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| Please highlight your current research workload: | |
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| Please highlight your current administrative workload: | |
|  | |
| **Please highlight your current teaching workload:** | |
|  | |
| **Other ie., Mentoring:** | |
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| |  | | --- | | **PART B – To be completed jointly by the Professional Staff member and the Division/Department Chair/Chief during the meeting.** | |
| **No retirement date identified.**   * The Professional Staff member will provide notice to the Division/Department Chair/Chief as soon as a potential retirement date is identified in order to accommodate the department’s 5-year human resource planning needs.   **Partial Retirement Date identified on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   * A partial retirement is considered a reduced scope of practice. This includes no on-call, no operating room activity; or no teaching. This change in activity will trigger a review of credentials with a possible change in category to Modified-Active. * If the department requires the position to be replaced in order to continue to meet the goals and deliverables of the department, a Position Request Form must be submitted to Medical Affairs for review and approval to begin the recruitment process of a transitional replacement. Please note that AFP funding is per position and not per person. * A Partial Retirement Date and subsequent change to a Modified-Active category may impact secretarial staffing in your office. You may be required to provide up to 5 months’ notice to your secretary. Please indicate below your plans in regards to secretarial staffing.   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Full Retirement Date Identified on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   * If the department requires the position to be replaced upon the firm retirement date, please submit a Position Request Form to Medical Affairs for review and approval to begin the recruitment process in accordance with the identified retirement date. |
| **Summary of goals and transitional plans for continuing clinical, research, administrative and teaching workload. If plans are reduced (no on-call, no operating room activity, or no teaching) in any area, please describe below.** |
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**Signatures:**

Professional Staff Member Division Chair/Chief Department Chair/Chief

Please submit this form to:

Medical Affairs

Professional Staff Planning and Credentialing Specialist – Gloria Castelo

[Medical.affairs@londonhospitals.ca](mailto:Medical.affairs@londonhospitals.ca)