

PHASED RETIREMENT MENTORING AGREEMENT

Per GSA Phased Retirement Guidance and Procedures (HRM 9900.1), this agreement is to officially document the mentoring requirement during the period of phased employment/phased retirement. Mentoring is defined broadly as any learning activities that allow for the transfer of knowledge and skills from one employee to others or to the organization in general.

EMPLOYEE INFORMATION

1. EMPLOYEE PRINTED NAME	2. LAST 4 DIGITS OF SSN	3. OFFICE/DIVISION
4. DUTY LOCATION	5. TITLE, SERIES, AND GRADE	
6. NAME OF MANAGER/SUPERVISOR (<i>PRINT</i>)		
7. EFFECTIVE DATE OF PHASED RETIREMENT	8. ENDING DATE OF PHASED RETIREMENT	

AGREEMENT

Phased retirement allows GSA to continue to benefit from the services of experienced employees who might otherwise choose to retire, by sharing their knowledge and by providing mentoring of less experienced employees during the phased retirement period. Phased retirement allows an employee to work a 50 percent work schedule while mentoring others at least 20 percent of that time.

Management is responsible for implementing a process for knowledge transfer and mentoring activities to (1) ensure the identification of critical knowledge; (2) facilitate the capture of knowledge; (3) confirm knowledge transfer, and (4) validate the application of knowledge through overseeing the mentoring process.

Employees approved for participation in phased retirement:

- Must agree to complete this Phased Retirement Mentoring Agreement.
- Must attach a certificate of completion for a course on mentoring relationship training available in GSA's current learning management system.
- Must participate in knowledge capture, knowledge transfer, and mentoring activities as required by management at least 20 percent or more of their working hours (*4 hours per week; 8 hours per pay period*).

**** Please detail your responses to the following questions. Attach additional sheets if necessary.**

9.	Describe the specialized programs, projects or services that will be jeopardized by your retirement.
10.	Describe the qualifications, competencies, services and/or specialized knowledge and skills that you can transfer to others.
11.	Describe the mentoring, training or coaching that you have received.
12.	Describe any experience in mentoring and coaching that you have provided to others.

AGENCY COMMENTS:

13. RECOMMENDED

YES NO**

14. APPROVED

YES NO**

15. EMPLOYEE PRINTED NAME

16. EMPLOYEE SIGNATURE

17. DATE

18. SUPERVISOR PRINTED NAME

19. SUPERVISOR SIGNATURE

20. DATE

21. AUTHORIZING OFFICIAL PRINTED NAME

22. AUTHORIZING OFFICIAL SIGNATURE

23. DATE

****Reason for disapproval identified in agency comments**