King's College Hospital
NHS Foundation Trust

FLEXIBLE RETIREMENT (RETIRE TO RETURN) REQUEST FORM

Please Note: This form is only compatible with Internet Explorer and Adobe Reader

This form must be submitted in E Format via email to kch.kingsrecruitment@nhs.net; handwritten forms will be returned and not processed.

This form should be used to inform the HRSS of a Flexible Retiree returning to the Trust.

Should you have any queries regarding the completion of this form, please contact Recruitment on 020 3299 9090.

* Mandatory Field; if you do not complete all mandatory fields your request will not be processed and you will be asked to complete again.

This form cannot be submitted unless a Leaver Form has been completed; you are required to provide the Case Reference Number.

Staff who wish to retire and return are required to have a break in employment of at least two weeks and then work no more than 16 hours per week for the remainder of the first calendar month after their retirement date, in agreement with their manager they may increase their hours after this period. ***If after the first calendar month the contractual hours are to change, HR Shared Services should be notified via submission of a Change of Contractual Details form.***

Once this form has been actioned, the employee will receive communication via Trac to complete any required Safer Employment Checks. Please note the applicant can commence in this role ONLY when King's Recruitment Services confirm that all required documentation/information has been received so checks may commence. In order to avoid delays to pay, please ensure you respond to all requests from the King's Recruitment Services in a timely manner. A Flexible Retirement Contract will be issued on satisfactory completion of the employment checks and a new assignment number generated on ESR.

1. FLEXIBLE RETIREE APPLICANT DETAILS

Previous Assignment Number *

Employee Forename *

Employee Surname *

Date of Leaving * (D D M M Y Y Y Y)

Case Reference *

2. APPROVAL

An LPC/CPC/LDN Number is mandatory unless the position falls within one of the below exemptions. If an LPC/CPC/LDN Number is required and not provided below, this form will not be accepted.

Current exemptions apply to:

- Frontline, patient facing nursing and midwifery staff at band 7 and below.
- Radiographer Band 5 – 7
- Therapists including Dietetics Band 2 – 7
- Pharmacists Band 3 – 7
- Healthcare Scientists Band 3 – 7
- MDT Co-ordinators Bands 2 – 5

LPC/CPC/LDN Number

3. DETAILS OF THE FLEXIBLE RETIREMENT CONTRACT

Care Group *

Staff Group *

Post Name *

Position Number *

Site e.g. Denmark Hill *

Contract Type *

Start Date * (D D M M Y Y Y Y)

This must be a minimum of 2 calendar weeks after the leaving date.

If Fixed Term, provide expiry date: (D D M M Y Y Y Y)

Band/Payscale *

(Please insert AFC band, medical payscale or other local payscale)

Cost Centre*

Job Title*

Base Location*

Payslip Location*

Annual WTE Salary*

Contractual Hours per week*

Sessions per week
(Doctors and Dentists only)

High Cost Area Allowance* Not Applicable Inner Outer Fringe

London Weighting* Not Applicable Yes No

4. SAFER EMPLOYMENT CHECKS

Please note the applicant can commence in this role ONLY when King's Recruitment Services confirm that all required documentation/information has been received so checks may commence.

Will the Applicant have direct patient contact?* Yes ☐ No ☐

Does this post require a DBS Check (formerly known as a CRB check)?* Yes ☐ No ☐

If 'Yes', please indicate the level of check required

Standard ☐ Enhanced ☐ Enhanced with Barred ☐

If Enhanced with Barred list check, which groups would the individual have contact with?

Children ☐ Vulnerable Adults ☐ Both ☐

For guidance on DBS checks please click here

Does this role require Professional Registration?* Yes ☐ No ☐

If 'Yes', please confirm the Professional Body

What level of Occupational Health check is required?*

Exposure Prone Procedure (EPP) ☐ Non-Exposure Prone Procedure (Non EPP) ☐

5. MANAGER AUTHORISATION

I have provided the employees completed Flexible Retirement Pack with this form* Yes ☐ No ☐

I have provided the LPC/CPC/LDN Number on this form* Yes ☐ Exempt ☐

I have highlighted to the employee the requirement for a P45 / HMRC New Starter Checklist* Yes ☐ No ☐

I have supplied the Greenlight leavers reference number* Yes ☐ No ☐

Employee No*

Forename*

Surname*

Authorised Signature

Date* D D M M Y Y Y Y

not required if submitted electronically from your NHS e mail account

Contact No.*

Work Email Address*

Please enter any additional information regarding the appointment of this employee. Please note any Additional Allowances previously paid to this employee will not automatically be provided and must be specified below.

Check & Save Form - Non-Outlook Users

Clear Form