



# GOVERNMENT OF THE VIRGIN ISLANDS

## RETIREMENT NOTICE FORM

USE THIS FORM TO PROVIDE OFFICIAL WRITTEN NOTICE OF YOUR INTENT TO RETIRE OR DEFER YOUR RETIREMENT.

### PART 1: TO BE COMPLETED BY THE EMPLOYEE

LAST NAME		FIRST NAME		MIDDLE NAME	EMPLOYEE NUMBER
POSITION TITLE		DEPARTMENT		SUPERVISOR NAME	SUPERVISOR TITLE
DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NUMBER	EMAIL ADDRESS		CONTACT NUMBER (include area code)	
MAILING ADDRESS		State/Province		Country	Zip/Postal Code
Have you transferred to the Public Service through the Employee Mobility Scheme or have you been seconded to an external agency during your employment with the Government? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you been confirmed Permanent and Pensionable? <input type="checkbox"/> Yes <input type="checkbox"/> No					

### MARITAL INFORMATION

ARE YOU MARRIED? <input type="checkbox"/> Yes <input type="checkbox"/> No	SPOUSE'S NAME (last, first, middle)	SPOUSE'S CONTACT NUMBER (include area code)
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### PLEASE SELECT FROM THE RETIREMENT OPTIONS – OPTION A OR OPTION B

#### ☐ OPTION A: RETIREMENT (Select an option below and sign the Declaration)

A1. Retirement on Age *\*Retirement with or following the attainment of age 65 or age 55 for Police Officers.*  
☐ I have/will attain the compulsory retirement age on \_\_\_\_\_ and I intend to retire on that date.

A2. Retirement on Years of Service *\* A minimum of 25 years is required for retirement.*  
☐ I have/will attain(ed) \_\_\_\_\_ years of service on \_\_\_\_\_ and I intend to retire on \_\_\_\_\_.

A3. Retirement on Medical Grounds *\*Retirement due to injury or mental/physical incapacity or disability supported by medical evidence.*  
☐ I have a medical condition/injury and I intend to retire on \_\_\_\_\_.

**DECLARATION:** I understand that my retirement date is irrevocable; however, this date may be amended to an earlier date with sufficient notice provided to my Head of Department and the Director of Human Resources.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
NAME OF DEPARTMENT HEAD

\_\_\_\_\_  
SIGNATURE OF DEPARTMENT HEAD

\_\_\_\_\_  
DATE

#### ☐ OPTION B: DEFERRED RETIREMENT (Complete the section below and sign the Declaration)

*Continuation of employment beyond the attainment of compulsory retirement.*

Have you discussed the deferral of your retirement with your Head of Department? ☐ Yes ☐ No

The effective date of my compulsory retirement is \_\_\_\_\_ but I DO NOT intend to retire on that date. Instead,  
I request to defer my retirement until \_\_\_\_\_  
*Note: If you have determined your deferred retirement date, please specify the date; otherwise, submit a new form at a future date.*

**DECLARATION:** I understand that my intent to defer my retirement beyond my compulsory retirement date is not a right and may require the completion of a medical assessment before final approval is given.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Please submit this completed form to the Department of Human Resources at [HRDBVI@gov.vg](mailto:HRDBVI@gov.vg) or to the address:

RE: RETIREMENT NOTICE | Department of Human Resources | Simms Building, 2<sup>nd</sup> Floor | Road Town, Tortola VG 1110 | British Virgin Islands



# GOVERNMENT OF THE VIRGIN ISLANDS

## RETIREMENT NOTICE FORM

### PART 2: ONLY TO BE COMPLETED BY DEPARTMENT HEAD WHEN CONSIDERING REQUESTS FOR DEFERRED RETIREMENT

DEPARTMENT HEAD NAME	TITLE	DEPARTMENT	EMAIL

An officer may request to defer his/her compulsory retirement, however such requests are not a right and may only be considered in exceptional circumstances and in the interest of the Public Service.

An extension may be granted in exceptional circumstances and in the public interest, where:

- The officer concerned is the most appropriate person to complete a specific project or task that is already underway;
- It would enable effective planning for departure and recruitment;
- The individual concerned is certified to be medically fit and suitable for engagement.

#### PLEASE ANSWER THE FOLLOWING QUESTIONS.

1. Have you discussed the proposed retirement plans with the officer? ☐ Yes ☐ No

2. Can you accommodate the officer during the period of extension? ☐ Yes ☐ No

3. Is the duration of the proposed extension in the interest of the Public Service? ☐ Yes ☐ No

4. Do you support the application? ☐ Yes ☐ No If yes, please answer the additional questions in the section below.

5. Please set out below how this case meets the criteria of exceptional circumstances:

6. What is the likely impact of the extension of employment on the following:

- a) The quality of work of the department (e.g. its ability to respond to department needs, to meet department aims, or to provide professional and administrative services of the highest quality?

- b) Opportunities for career development and succession-planning of serving officers, bearing in mind turnover in the department?

NAME OF DEPARTMENT HEAD

SIGNATURE OF DEPARTMENT HEAD

DATE

NAME OF PERMANENT SECRETARY

SIGNATURE OF PERMANENT SECRETARY

DATE

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