Date: [Date]

Employee Name: [Employee Name]

Employee ID: [Employee ID]

Position: [Job Title]

Subject: Modified Duties Retirement Transition Plan Agreement

Dear [Employee Name],

This letter outlines the agreement regarding your transition to retirement through a modified duties work plan. This plan is designed to facilitate your retirement while ensuring a smooth transfer of knowledge and responsibilities.

1. Transition Period
The transition period will begin on [Start Date] and will conclude on your formal retirement date of [Final Retirement Date].

2. Modified Work Schedule
During this period, your work schedule will be modified as follows:
[Details of hours per week, specific days, or remote work arrangements]

3. Modified Duties and Responsibilities
Your primary focus during this transition will shift to the following key areas:
- [Task 1: e.g., Documentation of current processes]
- [Task 2: e.g., Mentoring of successor/designated staff]
- [Task 3: e.g., Completion of specific project X]

4. Compensation and Benefits
During the transition period, your salary will be [Adjusted Salary Amount or Pro-rated Rate]. Your eligibility for company benefits will [remain unchanged / be adjusted as follows: Details].

5. Knowledge Transfer Requirements
You agree to participate in scheduled handover meetings and provide written documentation for all critical workflows associated with your role to [Manager/Successor Name].

6. Terms of Agreement
This agreement is voluntary. Either party may request a review of these terms should business needs change. All existing company policies and codes of conduct remain in effect.

Please sign below to indicate your acceptance of this transition plan.

Employer Signature: _____ Date: _____

[Name and Title]

Employee Signature: _____ Date: _____

[Employee Name]