



FACULTY TRANSITION TO RETIREMENT PROGRAM ELECTION FORM

Effective with the academic year beginning in Fall _____, I elect to participate in the Faculty Transition to Retirement Program.

I elect to participate in this program for _____ (one, two, three) years and will retire on June 30, _____.

During my participation in this program, I will carry a full workload/zero workload or a zero workload/full workload schedule for the Fall/Spring semesters of each academic year. I understand that my pay will be reduced to 50% but will be spread over a 12-month fiscal period.

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I understand that while I may request to carry a zero workload in either the Fall or Spring semesters of each academic year, the Chair and Dean will make the final determination based on student/faculty scheduling needs in my school/college. I request to have a zero workload in the

- FALL SEMSTER, SPRING SEMSTER, NO PREFERENCE

If you have factual circumstances to be considered, please include an attachment.

I further understand that participation in this program may be limited by my school/college based on student and/or faculty scheduling needs. I further understand that if I am not approved to participate in this program beginning in the above stated academic year, I may reapply for the following academic year.

I further understand that once accepted into this Transition Program, I will need to schedule an appointment with the Human Resources Department to sign an agreement. Once signed, there is a seven-day revocation period. Following this time period, this agreement will be irrevocable.

Faculty Member Name, TU ID, Date

Chair Signature, Date

Dean Signature, Date

Semester approved for zero workload: FALL, SPRING

Denied (state reason): _____ (Dean)

Vice Provost for Faculty Affairs Signature, Date