REQUEST TO PARTICIPATE IN THE PHASED RETIREMENT OPTION FOR FACULTY

INSTRUCTIONS FOR FACULTY: Please review the Phased Retirement Option for Faculty before completing this form and submitting to the Human Resources Office.

Name:_______________________________________ School/College:____________________________

Employee ID:_________________________________ Department/Program:_______________________

Specific Academic Years: August 1, 20___ to July 31, 20___

PART I: Proposed Annual Workload (to total 0.50 FTE)

Teaching* ________ %  Professional Engagement ________ %  Service ________ %

Narrative description of workload:
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

*Teaching must be at least 50% of the workload allocation.

PART II: Faculty Member Signature

I hereby apply to participate in the Phased Retirement Option for Faculty.

___________________________________________________________     _________________________________________
Signature of Faculty Member                                                                         Date
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PART III: Dean Approval

This request is: ______ Approved     ______ Not Approved

Signature of Dean ____________________________ Print Name and Title ______________ Date __________

PART IV: Human Resources Eligibility Verification

This faculty member meets the age and years of service requirements in accordance with the University of St. Thomas Phased Retirement Option for Faculty.

HR Authorized Signature ____________________________ Print Name and Title ______________ Date __________

PART V: Provost Approval

This request is: ______ Approved     ______ Not Approved

Signature of Provost ____________________________ Date __________