



Phased Retirement Eligibility Application

**I. Faculty Member Information:**

Name:	Rank:
Department:	Telephone extension:
Brief description of your proposed program for phased retirement:	
Proposed academic term to commence phased retirement:	

I am interested in taking advantage of the Phased Retirement Program for Faculty and request that my application be considered. If approved, I understand that I will need to submit an irrevocable letter of retirement and sign the Phased Retirement Program Agreement.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**II. Approvals**

A. Human Resources:

- Employee is 55 years or older
- Employee is full-time
- Employee has at least ten years of full-time service

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

B. Provost:

- Approved
- Disapproved

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

C. College President

- Approved
- Disapproved

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return finalized application form to:**

- Faculty member
- Department Chair
- Provost