

## Faculty Phased Retirement Proposal

Faculty Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phased Retirement Details:

*This approval is for an annual (or less than annual) appointment. If a longer appointment is required, it must be approved on a yearly basis.*

Dates Covered by Request: \_\_\_\_\_

Hours per week: \_\_\_\_\_ Total Payment Amount: \_\_\_\_\_

Activity Description for Phased Retirement Request [include a detailed activity description or relevant course information (prefix number, course title, credit hours, enrollment, etc.)]:

Justification and benefit to the program/college of this request:

*\*Please attach any additional documentation needed for this proposal.*

\_\_\_\_\_  
Department Chair's Approval

\_\_\_\_\_  
Dean's Approval