FACULTY RETIREMENT TRANSITION LEAVE PROGRAM ELECTION FORM

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

I elect to participate in this program under tier _____ (one or two) and option _____ (one or two) and will retire on February/June 1, _____(year).

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 in this Transition Program, a condition is to sign the accompanying release form. Once signed, there is a seven-day revocation period. Following that period, this agreement will be irrevocable.

_____ _____
Faculty Member Name Date

_____ _____
Chair Signature Date

_____ _____
Dean Signature Date

Denied (state reason): _____ (Dean)

_____ _____
Provost Signature Date

CC: Human Resources & Payroll