



Human Resources & Payroll
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**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