

*University of Maine System*  
**Application for Partial / Phased Retirement Program**

1. Employee: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Campus: \_\_\_\_\_

2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Mo Day Year

3. Years of continuous full-time service at proposed date of Partial/Phased Retirement: \_\_\_\_\_

4. Proposed date of PPR: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Mo Day Year

5. Date of full retirement, if such is proposed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Mo Day Year

6. For each year of planned participation in PPR indicate the proposed proportion of a full-time workload and salary: *(Continued on additional page if necessary)*

			Proportionate Salary (Based on Current Rate)
Year Beginning	_____	Proportion of Full-Time: _____%	\$_____
Year Beginning	_____	Proportion of Full-Time: _____%	\$_____
Year Beginning	_____	Proportion of Full-Time: _____%	\$_____
Year Beginning	_____	Proportion of Full-Time: _____%	\$_____
Year Beginning	_____	Proportion of Full-Time: _____%	\$_____

7. Attach a specific workload plan for each year of PPR. (This should be developed in consultation with the peer committee and chairperson, dean or director.)

8. I hereby request partial/phased retirement in accordance with terms of the Partial/Phased Retirement Program and the information contained on the attached to this form.

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

Employee: \_\_\_\_\_

Campus: \_\_\_\_\_

Recommendations:

a) Department  Approve  Disapprove \_\_\_\_\_  
*Peer Committee Chair Signature & Title* *Date*

b) Administrative Officers  Approve  Disapprove \_\_\_\_\_  
*Dean/ Director Signature & Title* *Date*

Approve  Disapprove \_\_\_\_\_  
*Vice President / Provost Signature & Title* *Date*

Approve  Disapprove \_\_\_\_\_  
*Date*

c) President:  Approve  Disapprove \_\_\_\_\_  
*President's Signature* *Date*

d) Chancellor's Designee:  Approve  Disapprove \_\_\_\_\_  
*Chancellor's Designee Signature* *Date*