



Application for Partial/Phased Retirement Program (PPRP)

1. Name: _____ Campus: _____
 Title: _____ Department: _____

2. Date of Birth: | |
 MO DAY YEAR

3. Years of continuous full-time service at proposed date of PPR: _____

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: (Continue on additional page if necessary.)

				<u>Proportionate Salary</u> (Based on Current Rate)
Year Beginning:	_____	Proportion 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 and attached to this form.

 Signature

 Date

Recommendations:

a. Department:

Approve Disapprove _____ **Peer Committee Chair** _____ **Date**

b. Administrative Officers:

Approve Disapprove _____ **Signature & Title** _____ **Date**

Approve Disapprove _____ **Signature & Title** _____ **Date**

Approve Disapprove _____ **Signature & Title** _____ **Date**

c. President:

Approve Disapprove _____ **Signature** _____ **Date**

d. Chancellor's Designee:

Approve Disapprove _____ **Signature** _____ **Date**