



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 PPRP: \_\_\_\_\_

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 PPRP indicate the proposed proportion of a full-time workload and salary: (Continue on additional page if necessary.)

Table with 4 columns: Year Beginning, Proportion Full-time, %, and Proportionate Salary (Based on Current Rate). It contains 5 rows of data for planning participation.

7. Attach a specific workload plan for each year of PPRP. (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.

Signature

Date

Recommendations:

a. Department:

Approve     Disapprove

\_\_\_\_\_  
Peer Committee Chair

\_\_\_\_\_  
Date

b. Administrative Officers:

Approve     Disapprove

\_\_\_\_\_  
Dean/Director  
Signature & Title

\_\_\_\_\_  
Date

Approve     Disapprove

\_\_\_\_\_  
Vice President/Provost  
Signature & Title

\_\_\_\_\_  
Date

c. President:

Approve     Disapprove

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

d. Chancellor's Designee:

Approve     Disapprove

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date