

Phased Retirement Proposal

Employee Name _____

Effective Date of Phased Retirement _____

Title _____ Department _____

Initial Phased percentage of FTE _____

Subsequent reduction in FTE by year (if any) _____

Description of services to be performed during the term of Phased Retirement:

Employee Signature _____ Date

Approvals:

Chair/Supervisor _____ Date

Dean/Director/Asst. Vice President _____ Date

Provost/Vice President _____ Date

Asst. Vice President, Human Resources _____ Date

President _____ Date

Please forward to Human Resources.