

**VOLUNTARY PHASED SEPARATION PROGRAM FOR TENURED FACULTY
TRANSITION APPOINTMENT PROPOSAL
PER FACULTY HANDBOOK POLICY**

Faculty Member's Name:		Date of Birth: (must be at least 55)	
College:		Department:	
College: (if joint appointment)		Department: (if joint appointment)	

Faculty Member's Transition Appointment Proposal	Signature:

Phase Down Period Requested (1, 2, or 3 years):		Retirement Date:	
Requested Effective Date:			

Understand, Per Policy Section IIID, Faculty Member must pay 50% of full Health Insurance Cost

Current Teachload Distribution	Fall Courses	Proposed Phase Down Teachload Courses
	Spring Courses	
Advising/Mentoring/Service		

Department Chair(s)'s Analysis & Recommendation	Signature:
Dean(s)'s Analysis & Recommendation	Signature:
Provost's Decision:	Signature: