

CCRI FACULTY PHASED RETIREMENT APPLICATION

Part 1: To be completed by applicant

Name: _____

Social Security #: _____

Department: _____

Date of Hire: _____

Date of Birth: _____

Effective Date: _____

Are you a Department Chairperson?:

 YES NO

Are you a Program Director?:

 YES NO

I want a half-time teaching assignment
both semesters of the academic year:

 YES NO

I want a full time teaching assignment
one semester and no teaching assign-
ment one semester:

 YES NO

During which Semester do you
NOT want a teaching assignment?:

 FALL SPRING

What is your usual course
load for that semester?:

Contact Hrs: _____ Credit Hrs: _____

Please indicate how you plan to stay abreast of current developments
in your academic field.

Signature: _____

Date: _____

NOTE: The decision to participate in the Phased Retirement Program is irrevocable. By voluntarily participating in this Program, the applicant commits him/herself to retire, at the latest, at the end of the fiscal year in which he/she has turned 65 (sixty-five) years of age.

Part II: To be completed by Department Chairperson

Please indicate how the applicant's course load and other responsibilities, if applicable, will be covered.

Please state your recommendation and your reasons for it.

Signature: _____ Date: _____

Part III: To be completed by the Phased Retirement Program Committee

Committee Recommendation: Approve:___ Disapprove:___

Support:

For the Committee: _____ Date: _____

Part IV Decision of President or Designee

Participation in the Phased Retirement Program is: Approved:___ Disapproved: ___

Signature: _____ Date: _____