

ST. LAWRENCE UNIVERSITY

Tenured Faculty Phased Retirement Application

Name:

Department(s)/Program(s):

Planned Date to Begin Phased Retirement:

Planned End Date of Phased Retirement:

Teaching Plan:

Year I

Percent Time : _____ 75% _____ 50% _____ 33%

Fall Proposed Course(s):

Spring Proposed Courses:

Year II

Percent Time : _____ 75% _____ 50% _____ 33%

Fall Proposed Course(s):

Spring Proposed Course(s):

Year III

Percent Time : _____ 75% _____ 50% _____ 33%

Fall Proposed Course(s):

Spring Proposed Course(s):

Briefly describe the service and scholarship that you plan to complete during the phased retirement period:

(please go to page 2)

Faculty member agrees that:

- a. S/he is voluntarily seeking to participate in the Plan, has read its full description, and understands its provisions.
- b. S/he has consulted with the Phased Retirement Administrator.
 - _____ S/he understands that he or she will be eligible for all applicable benefit plans in accordance with the terms of those plans.
 - _____ S/he understands that special provisions will be required for certain benefits. These provisions are spelled out in a separate document, attached.
- c. S/he has consulted with his or her Department Chair regarding this application and the work expectations indicated above.
- d. If accepted into this Plan (as reflected by the execution of this Agreement by all of the persons listed below), s/he hereby resigns his or her tenured faculty position at the University effective at the conclusion of the _____ semester, 20___. S/he understands that this resignation is irrevocable, but that he or she may advance its effective date (that is, make it sooner) but may not delay it.

4. S/he shall continue, until his or her final day of employment with the University, to be subject to all other applicable University policies, procedures and requirements, as they may be amended from time to time (except to the extent this Agreement specifically provides otherwise).

5. This Agreement shall supersede any other agreement or understanding between the parties regarding the date of Employee's resignation and separation from employment with the University.

Applicant: _____

Department Chair/Program Coordinator: _____

Department Chair/Program Coordinator: _____

VP/Dean of Academic Affairs: _____

Date _____