

LEWIS KATZ SCHOOL OF MEDICINE TRANSITION TO RETIREMENT PROGRAM REQUEST FORM

Effective (*select one and add year*) January 1, _____, or July 1, _____, I, _____, request to participate in the Faculty Transition to Retirement Program. I request to participate in this program for _____ (1, 1.5, 2, 2.5, 3) years and will retire on (*select one and add year*) December 31, _____ or June 30, _____.

I understand that the Department Chairperson and Dean will make the final determination of whether to accept my request.

During my participation in this program, I request (*select one option*):

- To have a 50% reduction in my duties spread across the fiscal year (*write in "Yes"*) _____
- To work for one-half of the fiscal or calendar year, covering the following months (*indicate months*) _____

(*Program periods of only 1, 2 or 3 years are permissible under the second option*).

I further understand that participation in this program may be limited by LKSOM based on student and/or faculty scheduling needs or on clinical needs. I further understand that if I am not approved to participate in this program at this time, I may reapply for the next enrollment period.

I understand that my pay will be reduced to 50%, spread over a 12-month period, and that I will be eligible for one-half of the normal full-time faculty vacation time, or 10 days, each year of the transition period.

I further understand that once accepted into this Transition Program, I will need to schedule an appointment with the Human Resources Department to sign an agreement. Once signed, there is a seven-day revocation period. Following this time period, this agreement will be irrevocable.

Faculty member – signature	TU ID	Date
Division Chief/Section Chief/Center Director Approval _____		Date _____
Chair Approval _____	Date _____	
Dean Approval _____	Date _____	
Denial- Reason and Signature _____		Date _____

Received by the Vice Provost for Faculty Affairs on (date) _____

CC: Human Resources