

**KORNBERG SCHOOL OF DENTISTRY FACULTY TRANSITION TO  
RETIREMENT PROGRAM ELECTION FORM**

Effective with the fiscal year beginning \_\_\_\_\_, I elect to participate in the Faculty Transition to Retirement Program.

I elect to participate in this program for \_\_\_\_\_ (one, two, three) years and will retire on June 30, \_\_\_\_\_.

During my participation in this program, I will work either one-half of each fiscal year or reduce my effort to 50% for each fiscal year. I understand that my pay will be reduced to 50% but will be spread over a 12 month fiscal period and that I will be eligible for one-half of the normal faculty vacation time, or 2 weeks.

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

I request to have a 50% reduction in my duties spread across the fiscal year

(write in "Yes") \_\_\_\_\_

or

I request to work for one-half of the fiscal year, covering the following months

(indicate months) \_\_\_\_\_

I further understand that participation in this program may be limited by the Dental School 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 beginning in the above stated fiscal year, I may reapply for the following fiscal year.

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 – name

\_\_\_\_\_  
TU ID

\_\_\_\_\_  
Date

Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

6-month period approved for zero workload - (indicate months) \_\_\_\_\_

or

12 month period approved for 50% effort \_\_\_\_\_

Denied- state reason \_\_\_\_\_ (Dean)

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

CC: Human Resources