[USE SCHOOL/COLLEGE LETTERHEAD]

[DATE]

Dear [NAME OF ELIGIBLE PARTICIPANT],

This Retirement Transition Agreement memorializes your plan to participate in the COVID-19 **Tenured Faculty** Retirement Transition Program (the "Program") and to formalize your retirement date of [DATE BETWEEN 7/01/2022 – 6/30/2023 or 7/01/2023 – 6/30/2024] (one day following the last day worked).

I am grateful and appreciative for all of your valuable contributions to the success of the Department of [DEPARTMENT NAME] and look forward to working with you as you transition to retirement. This Program provides for a reduction of teaching and University service work during the transition period; this does not mean a reduced FTE, but a rebalancing of work expectations. Outlined below are the agreed upon full-time equivalent percentages and duties/commitments that are planned during your transition to retirement.

**Duration of Pre-retirement Period:**

[INSERT DURATION AND EXACT DATE RANGE]

**Full-Time Equivalent Percentages and Transition Periods (for teaching and service work):**

[INSERT DATE RANGE OF PHASE DOWN PERIOD AND PERCENTAGE OF TRANSITION EXPECTATIONS FOR THAT DATE RANG EBELOW (WHICH CAN TOTAL NO LESS THAN 50%)

**2022-23 AY:**

**9 month employee** EXAMPLE: For a retirement date of June 16, 2023:

September 16, 2022 – December 15, 2022 = 75%

December 16, 2022 – June 15, 2023 = 50%

**12 month employee** EXAMPLE: For a retirement date of July 30, 2024:

July 1, 2022 – December 15, 2022 = 75%

January 1, 2023 – June 30, 2023 = 50%]

OR

**2023-24 AY:**

**9 month employee** EXAMPLE: For a retirement date of June 16, 2023:

September 16, 2023 – December 15, 2023 = 75%

December 16, 2023 – June 15, 2024 = 50%

**12 month employee** EXAMPLE: For a retirement date of July 30, 2024:

July 1, 2023 – December 15, 2023 = 75%

January 1, 2024 – June 30, 2024 = 50%]

**Agreed Upon Duties/Commitments During Transition Period (for all work; must equate to employee’s FTE upon entering the Program):**

[INSERT THE FACULTY MEMBER’S CLINICAL ACTIVITY/SESSIONS, RESEARCH, TEACHING, SERVICE AND OTHER DUTIES OR EXPECTATIONS, ALONG WITH ANY APPLICABLE DATE RANGES.]

[INSERT or ATTACH A SEPARATE MEMO SIGNED BY THE DEAN ADDRESSING ANY IMPACTS THESE CHANGES WILL HAVE ON OTHER FACULTY AND STAFF, ALONG WITH ANY APPLICABLE DATE RANGES.]

Should you have questions regarding the outlined time period or activities listed above, please feel free to contact me or [CONTACT NAME].

Sincerely,

[DEAN]

[UNIT NAME]

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Shelly Chabon Nathan Klinkhammer

Vice Provost for Academic Personnel and Associate Vice President for HR

Dean of Interdisciplinary General Education

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I, [NAME OF ELIGIBLE PARTICIPANT] have read the above Retirement Transition Agreement and agree as follows:

* The Tenured Faculty Retirement Transition Program is a voluntary Program and my participation is not required. By signing below, I have voluntarily made the decision to participate in the Program and transition toward retirement as described above.
* I will retire no later than the retirement date stated above.
* I will remain in good standing and follow all university policies and procedures through the date of my retirement, except as otherwise specified herein.
* I understand that once I agree to participate in the Retirement Transition Program by signing below, no Post-Tenure Review will occur unless I have already submitted materials for Post-Tenure Review.
* I understand that by agreeing to participate in the Retirement Transition Program, I am relinquishing my tenure and all other employment rights and benefits as of my retirement date.

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[NAME OF ELIGIBLE PARTICIPANT] [DATE] [PSU ID]

CC: [DEPARTMENT CHAIR/DIRECTOR/SUPERVISOR OF RECORD]

[RANK/TITLE]

HR Partner