

**LOYOLA UNIVERISTY NEW ORLEANS
PHASED RETIREMENT PROGRAM FOR TENURED FACULTY
ELECTION FORM**

Name

Department/College

Date of Birth

Age as of date participations begins

Date of FT faculty appointment

Years of continuous FT faculty employment
as of date participations begins

I elect to commence my Phased Retirement (as described in the "Loyola University New Orleans Phased Retirement for Tenured Faculty Program Summary") on 08/01/____ and will terminate my employment, including my tenure, on 07/31/____ (no more than three years after the first date).

During this period of the Phased Retirement, my appointment will be for:

Year one (AY 20____ - ____)

50% teaching and 50% paid leave of absence @ 100% pay

Year two (AY 20____ - ____)

50% teaching and 50% paid leave of absence @ 50% pay **yes** **no**

Year three (AY 20____ - ____)

50% teaching and 50% paid leave of absence @ 50% pay **yes** **no**

I understand that the University must approve my election and that University approval is not complete until this agreement is signed by the Provost and Vice President for Academic Affairs.

Faculty Signature

Date

Department/Area Chair

Date

Dean

Date

Verification of Eligibility by: _____

APPROVED DEFERRED

Provost and Vice President for Academic Affairs

Date