

Loyola University New Orleans
Phased Retirement Program for Tenured
Faculty Election Form
Nine Month Faculty (August - May)

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 ____/____/____ and will terminate my employment, including my tenure, on ____/____/____ (no more that three years after the first date).

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

Year one (AY 20____ - 20____)

50% teaching and 50% other faculty duties (research, service)@ 100% pay

Year two (AY 20____ - 20____)

50% teaching/50% other faculty duties(research, service)@50% pay ☐ **Yes** ☐ **No**

Year three (AY 20____ - 20____)

50% teaching/50% other faculty duties(research, service)@50% pay ☐ **Yes** ☐ **No**

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

Faculty Signature	Date
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Department /Area Chair	Date
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Dean	Date
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Verification of Eligibility by: _____

☐ **Approved** ☐ **Deferred**

Provost and Vice President of Academic Affairs	Date
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