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

_____	_____
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 (FY 20____ - 20 ____)
50% teaching and 50% other faculty duties (research, service)@ 100% pay

Year two (FY 20____ - 20____)
50% teaching/50% other faculty duties(research, service)@50% pay ☐ **Yes** ☐ **No**

Year three (FY 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
_____	_____
Department /Area Chair	Date
_____	_____
Dean	Date

Verification of Eligibility by:_____

☐ **Approved** ☐ **Deferred**

_____	_____
Provost and Vice President of Academic Affairs	Date