Unclassified Academic and Professional Staff Application for Phased Retirement
University of Kansas, Lawrence

Procedure: Complete page 1 of this form and forward to the department chair or unit head and then, as appropriate, to the dean, vice provost or university director for their review and endorsement on page 2.

Name__________________________________________
Title___________________________________________
Department_____________________________________

Phased Retirement FTE Requested (minimum = 25%; maximum = 50%):___________
Phased Retirement Length Requested (maximum of three years): ________________
Phased Retirement Start Date:______________________

I. Current Allocation of Effort and Responsibilities
   
   A. Specify how your current 1.0 FTE is allocated and provide a description of the activities that you currently complete.

II. Phased Retirement FTE and Responsibilities

   Describe how your proposed FTE will be allocated during your period of phased retirement.

_____________________________________________       ___________
Signature        Date
Phased Retirement Application Review and Endorsements

Department Chair or Unit Head Review:

I have reviewed this phased retirement plan. By my signature, I indicate my endorsement of the plan and that:

1. It will not interfere with the ability of the unit to meet its obligations to students, faculty and staff, and other customers.
2. The activities specified are appropriate for the level of effort.
3. The unit as well as the unclassified academic or professional staff member will benefit from the phased retirement.

_______________________________________________________
Signature       Date

Name (please print)________________________________________

________________________________________________________________________________________

Dean, Vice Provost or University Director Review:

I have reviewed this phased retirement plan. By my signature, I indicate my endorsement of the plan and that:

1. It will not interfere with the ability of the unit to meet its obligations to students, faculty and staff and other customers.
2. The activities specified are appropriate for the level of effort.
3. The unit as well as the unclassified academic or professional staff member will benefit from the phased retirement.

_______________________________________________________
Signature       Date

Name (please print)________________________________________

________________________________________________________________________________________

Forward the completed forms to:
Office of the Provost
Attn: Mary Lee Hummert
Campus

After review and approval by the Provost, applicants will receive a Phased Retirement Agreement that formalizes the terms of the phased retirement as outlined in this application.