



PRP
1987 Phased Retirement Program

Phased Retirement Program

Renegotiation Request Form

Faculty Participant Identification Section

PeopleSoft Employee ID#	Faculty Member Last Name	Faculty Member First Name	Faculty Middle Name/Initial	Date of Submission
Name of School/College		Name of Department		
Faculty Rank and/or Administrative Title		Other		
Faculty Address			Faculty Telephone Number	

Faculty Phased Retirement Program Plan – Current

Date Current FPRA was signed by PRP Faculty Participant:				Date Current FPRA Signed
Percentage of full-time status currently stated in your <i>Faculty Phased Retirement Agreement</i> ; Show zero percent (0%) for any year(s) in which you would be fully retired under your current FPRA.				
AY 2012-2013	AY 2013-2014	AY 2014-2015	AY 2015-2016	AY 2016-2017

Faculty Phased Retirement Program Plan – Request

Percentage of full-time status being requested. Once your workload for AY 2013-2014 is agreed upon, the percentage of service must stay the same or decrease by year, and may not increase. Fill in the percentage of full time status you are requesting for each of the next four academic years. Show zero percent (0%) for any year(s) in which you will be fully retired, under this request.				
AY 2012-2013	AY 2013-2014	AY 2014-2015	AY 2015-2016	AY 2016-2017

Requested Duties

Year by year for each remaining year of continued service being requested, and consistent with the percent of full-time service being requested above, describe requested Duties. Descriptions of duties may be drawn from the original FPRA if appropriate. If your Duties for any particular year will be the same as in the current FPRA, please note this. Recall that the University will make a good faith effort to assign Duties as described in the FPRA or RFPRA, but the needs of the University at the time will determine the assignment.

Phased Retirement Program Renegotiation Submission Receipt

My signature on this document indicates that I am making my one-time request to renegotiate one or more of the number of years of my Phase-Out Period; percentage of full-time for one or more years; and Duties as specified in my FPRA currently in effect.

Please note that the FPRA remains in effect until both the PRP participant and the University have signed a Revision to Faculty Phased Retirement Agreement (RFPRA) and the revised agreement has gone into effect.

Faculty Participant Name Acknowledging Submission of Form (Please print/type name)	Signature	Date
Dean Signature Acknowledging Receipt of Form (Please print/type name)	Signature	Date

Footnote 1: Original goes to the PRP participant, Copy 1 to the Dean's Office, Copy 2 to the PRP Office

Footnote 2: Attach Additional Numbered Pages as Necessary

Howard PRP Renegotiation Request Form v11 Final