**Post Retirement Service Program**

**Request to Participate**

In accordance with the guidelines established for participation in the Post-Retirement Service Program, this is my request to participate.  My anticipated work assignment for both instructional and/or non-instructional service is shown on the attached Tentative Work Assignment and Service Schedule(s).

If my request to participate in the Post-Retirement Service Program is approved, my date of retirement will be\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (mm/dd/yy)

I have read both the Program Guideline and Post-Retirement service agreement and understand the terms and conditions therein and that the terms are non-negotiable.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Member                                               Date

RECOMMENDED:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dean                                                                 Date

APPROVED:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_             \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Academic Officer and/or Date

Vice President

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President                                                            Date