

Voluntary Faculty Phased Retirement Agreement Form

Faculty Name:		Faculty EE #:		Date:	
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Faculty University Status:	<input type="checkbox"/> Tenured Faculty <input type="checkbox"/> Non-tenured Faculty	College:	
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This Agreement is subject to the Voluntary Phased Retirement Program. The enforcement of this agreement is subject to any and all applicable provisions of the State of Ohio Law, Cleveland State University policies and practices and the current contract agreement between AAUP and the University.

Faculty will remain subject to all applicable State of Ohio Laws, Cleveland State University policies and practices and the current Union contract agreement between AAUP and the University.

Section I:

By checking and initialing below, faculty member certifies that they meet eligibility requirement of the Voluntary Phased Retirement (*check which applies and provide initials below*):

Current Full-time Faculty Member

And will meet the following by the end of the Phased Retirement duration,

- Have ten (10) years of full time Cleveland State University service.
- 65 years of age or 34 years of eligible service

Faculty member's Initials: _____

Section II:

1. Under this agreement, the faculty member will begin phased retirement on _____ and will fully retire from their faculty position at Cleveland State University no later than _____. The faculty member understands that their retirement, if accepted, **IS IRREVOCABLE**. The faculty member further understands that their retirement date can be accelerated upon mutual written agreement of the faculty member and Provost, but the termination date cannot be extended.

2. During this period of phased retirement, the faculty member will be on a reduced FTE for the following period (insert dates as applicable). Distribution of workload credits will be determined following the applicable workload guidelines.

- a. _____ to _____ at ___ FTE (_____ number of total workload credits)
- b. _____ to _____ at ___ FTE (_____ number of total workload credits)

Faculty Member's Signature

Date

Department Chair or School Director's Signature

Date

Dean's Signature

Date

Provost's Approval

Date