

Boise State University
Faculty Voluntary Phased Retirement Agreement

Complete this form and return it to Human Resource Services with the required signatures and attachments by the application deadline.

Deadline dates: January 15 for phased retirement plans beginning the following fall semester. July 15 for phased retirement plans beginning the following spring semester.

Name (Please Print) _____
Date

Academic Department _____
School/College

Annual Salary at time of retirement \$ _____ (not including grants, supplemental pay, etc.)

If accepted in this program, I agree to the following salary levels for the following semesters:
(Note: The combined percentage of Fall and Spring semester salaries cannot exceed 49%.)

Year 1: Fall Semester 20 ____; ____ %; \$ _____ Spring Semester 20 ____; ____%; \$ _____

Year 2: Fall Semester 20 ____; ____ %; \$ _____ Spring Semester 20 ____; ____%; \$ _____

Year 3: Fall Semester 20 ____; ____ %; \$ _____ Spring Semester 20 ____; ____%; \$ _____

By my signature below, I certify that:

1. I voluntarily seek to participate in the Phased Retirement Program. I have read the full description and I understand the provisions.
2. I have consulted with my immediate academic supervisor regarding the work expectations indicated above. Attached is my Phased Retirement Plan, including percentage of time teaching, doing research and/or service as approved by the appropriate Chair, Dean and Provost.
3. I understand that my total combined earnings, including any appointments with the University in addition to the phased retirement agreement, cannot exceed 49% of my previous contract earnings per academic year.
4. I have consulted with the University's Benefits Representative in Human Resource Services and I understand any changes/limitations to my full-time benefits that will commence upon approval of this Phased Retirement Plan.
5. If accepted into this Program, I hereby resign my tenured faculty position, if appropriate, and retire from Boise State University at the conclusion of _____ (Fall/Spring) semester, _____ (year). I understand that this agreement supersedes any other agreement or understanding between the University and me regarding the date and terms of resignation of my faculty position.

Faculty Member's Signature: _____ Date: _____

I concur with the attached description of the applicant's work responsibilities:

Department Chair: _____ Date: _____

Dean: _____ Date: _____

The following signatures represent concurrence with the above terms of this proposal:

Provost/Vice President Academic Affairs: _____ Date: _____

University Benefits Representative: _____ Date: _____