

Application for the Retirement with Rehire Program

Name:

Date:

Department/Program:

Campus:

Effective Date of Retirement:

I request acceptance to the Retirement with Rehire Program. My preference for a teaching assignment is:

Choose one: fall spring academic year no preference

Choose one: full-time one semester half-time academic year part-time one semester
 part-time academic year

Signature: _____

Recommendations:

Department Chair/Program Director: Approved Denied

Signature: _____

Regional Campuses Dean: Approved Denied

Signature: _____

Dean: Approved Denied

Signature: _____

Provost: Approved Denied

Signature: _____