Faculty Phased Retirement Plan
Application

Instructions: Prior to submitting this form for approval please review the Faculty Phased Retirement Plan, discuss participation in the Plan with your department head, and consult with your financial advisor(s), if applicable. Please contact Human Resources with any questions you may have regarding eligibility and application procedures of the Faculty Phased Retirement Plan.

Name:_____ URID _____

Department: _____ Rank: _____

Beginning Academic Year: _____Ending Academic Year: _____

Proposed Schedule: ◯ Two Year Phased Retirement ◯ Three Year Phased Retirement

Semester (Fall or Spring)	Year	Number of Courses	Description of Continuing Research and Service	% of Salary *To be completed by Dean's office*
Other Comments:				

I hereby request to participate in the University's Faculty Phased Retirement Plan. I have read and understand the Faculty Phased Retirement Plan Policy, including the eligibility requirements described therein.

_____ _____
Signature of Faculty Member Date (dd/mm/yyyy)

Please complete this form digitally by clicking on the red tabs to create a digital signature. Save a new copy with each new signature. If you are not sure if you have completed ten years of service, please ask Human Resources. Please forward to Human Resources at URHR@richmond.edu upon completion.

To Be Completed by the Dean's Office	
Years of Service How will the remaining load be covered?	Is the faculty member eligible for FRPR? ◯ Yes ◯ No
Dean Signature	Date (dd/mm/yyyy)
To be Completed by Provost and EVP	
Provost Signature	Date (dd/mm/yyyy)
To be Completed by Human Resources	
Approval	Date (dd/mm/yyyy)