



REQUEST TO PARTICIPATE IN THE PHASED RETIREMENT PROGRAM MINNESOTA STATE COLLEGE FACULTY (MSCF)

Minnesota
STATE COLLEGES
& UNIVERSITIES

Instructions for faculty: Please review the eligibility requirements in the current MSCF Employment Contract before completing this form and submitting it to the college president.

Instructions for college: Send the approved phased retirement request to the Office of the Chancellor, Personnel.

Name: _____ College: _____

Social Security Number _____

PART I: Proposed Phased Retirement Program

Annual workload: _____ FTE Duration: _____ years, 200____ - 200____
Narrative description of program [indicate the time(s) that the faculty member will work]:

PART II: Request by Faculty Member

I hereby request a phased retirement program as described herein. I have read the phased retirement language regarding eligibility in the MSCF Employment Contract and the materials provided by the Teachers' Retirement Association (TRA) or Individual Retirement Account Plan (IRAP), and understand the ongoing participation requirements that apply to this program.

Signature of Faculty Member

Date

PART III: College Approval

This request is: _____ Approved _____ Not Approved

Signature of College Administrator

Date

PART IV: For Office of the Chancellor Use Only

_____ FTE

_____ Salary base

_____ Actual salary

_____ Full-time salary

(schedule salary for employee with identical experience and education)