

UNIVERSITY OF MAINE
Application for Partial/Phased Retirement Program (PPRP)

1. Name _____ Employee ID# _____
Title _____ Dept. _____
2. Date of Birth _____
3. Years of Continuous, full-time service on date of proposed PPR: _____
4. Proposed Dates for:
Start of PPR: ____/____/____ Full Retirement (REQUIRED): ____/____/____
mm dd year mm dd year

5. For each year of planned participation in PPR, indicate the proposed proportion of full-time workload (FTE) and salary (continue on additional page, if necessary) PPRPs may be approved for a maximum duration of three years:

Year Beginning	Proportion of FTE	Proportionate Salary (based on current rate)

6. Attach a specific workload plan for each year of PPR (this should be developed in consultation with peer committee and chairperson, dean or director).
7. Other rights and privileges during your period of participation in the PPRP shall be maintained or established in accordance with the applicable terms of the collective bargaining agreement (**AFUM or UMPSA**) or the **Handbook for Non-Represented Faculty and Salaried Staff**, that governs your respective employment.
8. Modifications to this agreement shall require the filing and approval of a new PPRP application. This agreement shall be revocable only by mutual consent of participant and the University of Maine System.
9. I hereby request partial/phased retirement in accordance with the terms of the Partial/Phased Retirement Program and the information contained on, and attached to, this form.

Applicant's Signature

Date

10. Recommendations for Partial/Phased Retirement:

Approve Disapprove

Approve Disapprove

Peer Committee Chair (faculty only) Date

Chair/Director Date

Approve Disapprove

Approve Disapprove

Dean/VP Date

Chancellor's Designee (Provost) Date