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

1. Name Employee ID#			Employee ID#	
	Title Dept			
2.	Date of Birth			
3.	Years of Continuous, full-time service on date of proposed PPR:			
4.	Proposed Dates for:	sed 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)	
		<u> </u>		
6.	Attach a specific workload plan for each year of PPR (this should be developed in consultation with peer committ and chairperson, dean or director).			
7. Other rights and privileges during your period of participation in the PPRP shall be maintained or est			cipation 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.			
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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 Ro				
	Program and the information contained on, and attached to, this form.			
	Applicant's Signature		Date	
		v s signature	240	
10.	Recommendations for Partial/Phased Retirement:			
	Approve Disapprove		Approve Disapprove	
	Peer Committee Chair (faculty only) Date		Chair/Director Date	
	Approve Disag	pprove	Approve Disapprove	
	Dean/VP	Date	Chancellor's Designee (Provost) Date	