

Faculty Post-Retirement Proposal

Faculty Name: _____ Date: _____

Post-Retirement Details:

This approval is for an annual (or less than annual) appointment. If a longer appointment is required, it must be approved on a yearly basis.

Dates Covered by Request: _____

Hours per week: _____ Total Payment Amount: _____

Activity Description for Post-Retirement Request [include a detailed activity description or relevant course information (prefix number, course title, credit hours, enrollment, etc.)]:

Justification and benefit to the program/college of this request:

**Please attach any additional documentation needed for this proposal.*

Division Director's Approval

Dean's Approval

Department Chair's Approval