UNIVERSITY OF MAINE

Application for Partial/Phased Retirement Program (PPRP)

1. Name_____ Soc. Sec. #_____ PeopleSoft 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 yy mm dd yy

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)
20____	%	$
20____	%	$
20____	%	$

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. 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

8. Recommendations for Partial/Phased Retirement:

Department:

Approve_____ Disapprove_____

_____ _____
Peer Committee Chair Date

Administrative Officers:

Approve_____ Disapprove_____ Approve_____ Disapprove_____

_____ _____ _____ _____
Signature and Title Date Signature and Title Date

Approve_____ Disapprove_____ Approve_____ Disapprove_____

_____ _____ _____ _____
Signature and Title Date Signature and Title Date

President:

Approve_____ Disapprove_____

_____ _____
Signature Date

Chancellor or Designee:

Approve_____ Disapprove_____

_____ _____
Signature Date