

Phased Retirement Program Application Form

{Return completed form to the Office of the Dean}

To be eligible for the voluntary Phased Retirement Program (the "Program"), a faculty member must at the time of making application be employed as a regular full-time faculty or administrative faculty member at Nova Southeastern University. Further, as of January 15, he/she must: (a) hold a continuing contract track or continuing contract appointment, or in the College of Law College a vested contract, tenure track or tenured appointment, (b) be at least 55 years of age and (c) have at least ten years of NSU full-time service.

NSU full-time service.	, , ,	,
Name (please print or type)	Department	College
My signature below certifies:		
 I am voluntarily applying for the Program. actual or potential negative consequences it have not been offered or promised any acceptance of Phased Retirement Program Description. I have read the Phased Retirement Program. I have consulted with the college Dean condition the phased retirement period. A description. 	If I do not elect to participate. If dvantages other than those spec on Description and agree to all its derning this application and the w	I do elect to participate, cifically described in the provisions.
 college Dean will determine the course and phased retirement. 4. I have consulted with the University's Office phased retirement and after final retirement. 5. I am seeking a phased retirement period of (Academic Years 20) {please select one (Academic Years 20) { I understand that I may retire earlier, 	d other workload assignment force of Human Resources concert one year (Academic Year 2 e). n the University after Winter Ser	or each semester during rning my benefits during 0 or two year mester (specify
agree that I must successfully complete all f year of phased retirement before my retirem 7. If I choose to retire earlier than described in Dean and to the Provost by September 1st o will be subject to the Dean's and Provost's a	nent may become effective. my application, I will make such f my intended final year of phase	request in writing to my ed retirement. Requests
Faculty Signature:	Date:	
Campus Phone: Ema	ail:	

The below information is to be completed by the University Administration

Received in the Office of the Dean on (insert date):	
Recommended by Dean:	Date:
Recommended by Provost:	Date:
Approved by President/CEO:	Date: