



REQUEST TO PARTICIPATE IN THE PHASED RETIREMENT PROGRAM Minnesota State College Faculty (MSCF)

INSTRUCTIONS FOR FACULTY: Please review the eligibility requirements in the current MSCF Employment Contract, Article 16 before completing this form and submitting it to your Human Resources Office.

INSTRUCTIONS FOR COLLEGE: Send the approved phased retirement request to the MnSCU System Office.

Name: _____ College: _____

SEMA4 ID Number: _____ Department/Program: _____

PART I: Proposed Phased Retirement Program

Annual workload: _____ FTE* Duration: _____ years Specify Academic Years: 20 ____ - 20 ____

Narrative description of program [indicate the time period the faculty member will work]:

***NOTE:** The total annual workload FTE shall encompass base & additional workload assignments within the academic year.

PART II: Request by Faculty Member

I hereby request a phased retirement program as described herein. I have read the phased retirement language regarding eligibility in the MSCF Employment Contract, Article 16, I understand that I am required to contribute to my pension plan as if I would be working full-time for the duration of my phased retirement program, and understand the ongoing participation requirements that apply to this program.

Signature of Faculty Member

Date

PART III: College Approval

This request is: _____ Approved _____ Not Approved

Signature of College Administrator

Print Name and Title

Date

PART IV: College Human Resources Eligibility Verification

Check box The above faculty member meets the age and years of service requirements in accordance with Article 16.

Check box This phased retirement request is within the 7% Limits on Access criteria in Article 16.

HR Authorized Signature

Print Name and Title

Date

Copies to: MnSCU System Office | College | Employee | MSCF