

**POST RETIREMENT SERVICE PROGRAM
REQUEST TO PARTICIPATE**

In accordance with the guidelines established for participation in the Post Retirement Service Program, this is my request to participate. My anticipated work assignment for both instructional and/or non-instructional service is shown on the attached Tentative Work Assignment and Service Schedule(s).

If my request to participate in the Post Retirement Service Program is approved, my date of retirement will be _____ . (mm/dd/yy)

I have read both the Program Guideline and Post-Retirement service agreement and understand the terms and conditions therein and that the terms are non-negotiable.

Faculty Member

Date

RECOMMENDED:

Chair

Date

Dean

Date

APPROVED:

Provost

Date

President

Date