

REQUEST TO ENTER

VOLUNTARY PHASED RETIREMENT PLAN (PRP)

Note: Generally, notice must be given at least six months in advance of effective date. Once request to enter PRP has been approved, decision to enter PRP may not be rescinded by employee.

I, _____, after consultation with the Human Resources Office about the provisions of the Voluntary Phased Retirement Plan, elect to enter Fairmont State University's Phased Retirement Plan effective _____.

I elect the following (please check one):

- One Year PRP Contract
Two Year PRP Contract
Three Year PRP Contract

Faculty election (please check one):

- 1/3 time in the fall semester and 1/3 time in the spring semester of academic year
2/3 time in the fall semester (all pay will be received during fall semester)
2/3 time in the spring semester (all pay will be received during spring semester)

Non-Classified / Classified election (complete / check following):

- 1/3 of employee appointment year as follows
Consecutive months beginning _____ and ending _____
Twelve and one-half hours per week for entire appointment length

I understand that Fairmont State University will continue to provide me with all rights and privileges, which are normally extended to faculty, or staff who hold full-time status, except for benefits coverage. No employer paid benefits, other than Social Security and Worker's Compensation, will be provided under the PRP.

I understand my base salary during the period of participation in the PRP shall be reduced to 33%, as of the effective date of the PRP contract. Also, any subsequent pay increases during the remainder of my participation in the PRP will be exactly 33% of the average pay increases provided to faculty and non-classified employee's in each contract year. Classified employee's subsequent pay increases during the remainder of participation in the PRP will be exactly 33% of the raise the employee would have been paid according to the Mercer Classification and funding made available for progress toward the mercer scale.

I understand it is my responsibility to contact the Benefits Office, TIAA/CREF and other appropriate agencies to assure that the appropriate health insurance and other retirement options are properly maintained.

I understand I may, without penalty, at any time, opt to terminate my employment with Fairmont State University as a phased retirement employee. If this option is taken, at the termination of employment in the PRP I will have no vested employment rights with Fairmont State University.

I understand that at the end of the designated period of phased retirement employment, I have no vested employment rights with Fairmont State University.

Employee Signature Date Immediate Supervisor (Classified/Nonclassified) Date
OR School Chair (Faculty)

PC Member (Classified/Nonclassified) Date Human Resources Office (Classified/Nonclassified) Date
OR Provost of School (Faculty)

President Date