PERELMAN SCHOOL OF MEDICINE – Reduction in Duties in Anticipation of Retirement

Request Form must be submitted to FAPD together with Phased Retirement Agreement letter written by Candidate with Department Chair’s signature of approval.

Faculty Name: ________________________________________________________________

Department: _________________________________________________________________

Current track: ____________ Current rank: _________________________________

______ % Reduction in Duties requested.

Start date: ____________

End date: ____________ *

Anticipated Date of Retirement: ____________

As stated in the Faculty Handbook Policy II.E.2., I understand that a reduction in duties may not exceed a total period of six years. In addition, a reduction in duties is always accompanied by a proportional reduction in salary and in those benefits, such as life insurance and retirement contributions, that are salary-based.

_________________________________  ________________________
Faculty Name, Degree                                   Date

Approved by:

_________________________________  ________________________
Department Chair Signature                               Date

_________________________________  ________________________
Dean’s Signature                                         Date

* A reduction in duties is granted only for whole years and must be approved by the Provost’s Staff Conference. Reduction requests must be resubmitted annually for duration of Reduction.