VOLUNTARY PARTIAL RETIREMENT FORM (VPR)

Select One: **X** New   Revised

Section 1: ELIGIBILITY

Faculty and administrative/professional staff age 55 or more with at least 10 years of benefits-eligible service meet VPR criteria.

Name   **Susan Staff**   **UserID (PERNR)**   **00123-45678**

Dept Name   **Purchasing**

Position Type: Faculty   **X** Professional/Management/Executive

Section 2: REQUEST DETAILS

The VPR duration is at the discretion of the unit. Maximum allowed is up to three (3) years.

Start Date   **7/1/2026**   **End Date**   **6/30/2029**

Proposed Work Schedule: Please indicate current pay frequency

     Academic Year   or   **X** Fiscal Year (10, 11 or 12 months)

Please indicate percentage of work time planned for VPR transition:

     50 % for entire term of VPR period   **OR**   Variable Schedule - Enter % FTE for each semester below:

Year 1 - Fiscal Year		Year 2 - Fiscal Year		Year 3 - Fiscal Year	
Fall	**Spring**	**Fall**	**Spring**	**Fall**	**Spring**

Fall: Fall Semester (Academic Year) or July 1 to December 31 (Fiscal Year)

Spring: Spring Semester (Academic Year) or January 1 to June 30 (Fiscal Year)

Summer session for Academic Year Faculty/Staff is permitted and may be scheduled as approved, but is not part of VPR schedule.

Summarize work adjustments proposed that will align with your reduced schedule:

If the proposed work schedule cannot be captured above, a concise description of special notes, conditions, work period(s),
and associated effort must be described below. (Attach additional page if necessary)

Work Schedule: Monday through Thursday, 5 hours per day

Please note:

• My employment may not be supplemented by employment elsewhere at the University.

• I understand I may retire completely anytime during the VPR period.

• The duration of the VPR transition cannot be lengthened nor the percent of my time employed increased.

• My VPR may be reviewed annually to evaluate the needs and financial exigencies of the Department as well as my performance.

Section 3: REVIEWS AND APPROVAL

Requested By:

     Name   **Date**

Approved By:

     Department Head   **Date**

     Dean   **Date**

     Vice Chancellor   **Date**