

Retirement with Rehire Program Assignment Request

Name:

Date:

Department/Program:

Campus:

Effective Date of Retirement:

Year in Retirement with Rehire Program:

I request a teaching assignment for the AY - 20

My preference is:

Choose one: fall spring academic year no preference

***** To be completed by Department Chair/Program Director *****

Recommendation: No teaching assignment Teaching assignment, as follows

Semester	Course	Credit hours	Projected enrollment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I agree to participate in the Retire with Rehire program with the above teaching assignment.

Signature of faculty: _____ Date: _____

NOTE: If the faculty member refuses the assignment, he/she is deemed to have withdrawn from the program.

Approval Signatures:

Department Chair/Program Director: _____ Date: _____

Regional Campuses Dean: _____ Date: _____

Dean: _____ Date: _____

Provost: _____ Date: _____