

(Date)

TO:(**Faculty Member**)

FROM: (**Chairperson**) Chair, Department of (**department**)

RE: Faculty Memorandum of Understanding About Step-Down Retirement/Voluntary Separation

Agreement in Academic Year(s) 20\_\_/\_\_

Dear (**Faculty Member**),

As you have indicated a desire to pursue a plan to step down to retirement or voluntary separation, I have discussed your desire and the plan we discussed with (**Dean**), Dean of the School of (**Division**) and Paul Haught, Vice Provost for Faculty, Graduate and Professional Education. Both support the plan you and I discussed, and that I outline below.

During academic year(s) 20\_\_/\_\_ (**expectations for reduced effort year(s)**)

- You will teach (**number**) total classes for the academic year, instead of your typical (**number**).
- You will likely teach (**number**) classes in Fall 20\_\_ and (**number**) classes in Spring 20\_\_. These will be some combination of (**courses**).
- Your salary will be reduced by (**% of effort reduced**), but you will retain benefits the same as all full-time employees.
- You will continue all non-teaching requirements of your current position, such as attending faculty meetings.
- You understand that during this period, you will not be eligible for sabbatical or other faculty development programs that involve a stipend or course release.
- You understand the election to participate in this step down agreement is voluntary and irrevocable.

You agree to retire or voluntarily separate from service following your step-down. Your separation will be effective with the date of the end of your contract, (**date**).

Please sign below to indicate your understanding and agreement with these stipulations.

A copy of this memorandum of understanding shall be attached to the [Voluntary Resignation/Retirement TDX form](#) which will serve as official notification of your transition to retirement.

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**Faculty member signature**

**Date**

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**Chairperson signature**

**Date**

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**Dean signature**

**Date**