Partial Tenure Relinquishment Application and Agreement

Name ____________________________________________ University ID ____________________________

Department    ____________________________________  Rank __________________________________

College/Division _____________________________________________

If granted approval to participate in the Partial Tenure Relinquishment Program, I hereby acknowledge and voluntarily agree to the following:

I currently hold 1.0 FTE indefinite tenure at Oregon State University.

I relinquish 0.25 FTE of my tenure in exchange for a salary increase of 12.5% of my current annual salary rate.

I understand that my position description may be revised as a result of my partial tenure relinquishment.

I understand that my voluntary relinquishment of 0.25 FTE tenure may have an impact on the benefits and contributions provided to me by the University that are based on employment FTE.

I understand that reducing my tenure from 1.0 FTE to 0.75 FTE is permanent.

I understand that my appointment continues to be subject to the provisions of the OSU policies and standards, which are incorporated by reference herein.

________________________________________________________________________
Signature of Faculty Member      Date

For Department/College Use Only:

Current Indefinite Tenure FTE

Current Annual Salary Rate  $ ___________________

One-Time Salary Increase Amount  $ ___________________

New Annual Salary Rate  $ ___________________

Effective Date  ___________________

APPROVED BY:

Department Chair/Head/Director      Date

Dean/Vice Provost/Vice President      Date

Provost      Date