

## Full Tenure Relinquishment Application and Agreement Faculty Affairs and University Human Resources

Name:		OSU ID:	Rank:		
College/Division:		Department/Unit:			
If granted approval to participate following:	in the <i>Full Tenure F</i>	Relinquishment Progra	m, I hereby acknowledge a	and voluntarily agree to the	
I relinquish my indefinite tenure effective relinquishing tenure effective this same	sh my indefinite tenure effective I have attached a letter of retirement/resignation from my tenured position and hing tenure effective this same date.				
I understand that in consideration of real calendar year for no more than three,, and	calendar years follow	ving termination of my ter	_		
I understand that my work schedule ar my tenured position. Further, I underst and considerations.	=		<del>-</del>		
I understand that my academic wage a will be eligible for merit salary increase reduce the salary rate of this appointm	es at the discretion of	my unit head during the p	period of this appointment. I un	nderstand that the University may	
I understand that I will receive Univers requirements. I will also receive sick a	• •			pyment FTE and PEBB eligibility	
I acknowledge that I am personally res apply to a post-retirement position with	-	_	s of my retirement plan, includ	ling without limitation those that may	
I understand that continuation of my pa upon fully satisfactory service as deter of an academic wage appointment and with Oregon State University.	mined by my departm	ent and college administ	ration. Further, I understand th	nat because of the temporary nature	
I understand that this appointment is s	ubject to the provisior	ns of the OSU policies an	d standards, which are incorpo	prated by reference herein.	
I understand my academic wage appo AAUP/AFT, AFL-CIO, and therefore so			-	· · · · · · · · · · · · · · · · · · ·	
When signed by all parties listed below	v, this document beco	mes an employment con	tract.		
Signature of Academic Faculty Member	er	Date			
Department/College Use Only (Not	e: include the total ap	proved period of employr	nent for one, two, or three yea	ars below)	
Approved Appointment Details					
Begin DateI	End Date	Current Full-	-Time Annual Salary Rate \$		
Academic HR Officer Review					
Name	 Date			Basis	
APPROVED BY					
Unit Head	 Date	Tenure	e Home (as needed)	Date	
Dean/Division Leadership	Date	Provos	st	Date	

Revised: March 2023