

Name: _____ OSU ID: _____ Rank: _____
 College/Division: _____ Department/Unit: _____

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

I relinquish my indefinite tenure effective _____. I have attached a letter of retirement/resignation from my tenured position and relinquishing tenure effective this same date.

I understand that in consideration of relinquishment of my tenure and appointment, I will receive an academic wage appointment of up to 1,040 hours in a calendar year for no more than three calendar years following termination of my tenured position. I request employment for calendar years _____, _____, and _____ (*applicant may indicate one, two, or three consecutive calendar years*).

I understand that my work schedule and assignments are at the discretion of my unit head, and may be different from the schedule and assignments in my tenured position. Further, I understand that my work assignments will be reviewed periodically and may be adjusted based upon unit/division needs and considerations.

I understand that my academic wage appointment will be at my annual salary rate in effect on the date of my tenure relinquishment. I understand that I will be eligible for merit salary increases at the discretion of my unit head during the period of this appointment. I understand that the University may reduce the salary rate of this appointment during the duration of the appointment based upon university financial constraints.

I understand that I will receive University provided health insurance contributions if I am eligible based on my employment FTE and PEBB eligibility requirements. I will also receive sick and/or vacation leave accruals if eligible under University rules and policies.

I acknowledge that I am personally responsible for knowing and adhering to the terms of my retirement plan, including without limitation those that may apply to a post-retirement position with Oregon State University. For the duration of my Tenure Relinquishment Agreement, I am eligible for distributions and cannot receive contributions from The Optional Retirement plan (ORP). If I participate in PERS, contributions will be determined by my retirement status with PERS.

I understand that continuation of my participation in the *Full Tenure Relinquishment Program* during the term of the Program Agreement is contingent upon fully satisfactory service as determined by my department and college administration. Further, I understand that because of the temporary nature of an academic wage appointment and that my academic wage appointment in no way assures or implies an appointment to a regular status position with Oregon State University.

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

I understand my academic wage appointment, if non-supervisory, will be represented by United Academics of Oregon State University (UAOSU), AAUP/AFT, AFL-CIO, and therefore subject to the collective bargaining agreement between Oregon State University and UAOSU.

When signed by all parties listed below, this document becomes an employment contract.

Signature of Academic Faculty Member _____ Date _____

Department/College Use Only (*Note: include the total approved period of employment for one, two, or three years below*)

Approved Appointment Details

Begin Date _____ End Date _____ Current Full-Time Annual Salary Rate \$ _____

Academic HR Officer Review

 Name _____ Date _____ Basis _____

APPROVED BY

Unit Head	Date	Tenure Home (as needed)	Date
Dean/Division Leadership	Date	Provost	Date