

Full Tenure Relinquishment Application and Agreement

Name _____ University ID _____

Department _____ Rank _____

College/Division _____ Effective Date _____

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 appointment 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 for continued employment of up to 1040 hours in a calendar year for no more than three years following termination of my tenured faculty appointment. I request employment for calendar years 20____, 20____ and 20____ (*applicant may indicate one, two, or three consecutive years*).

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

I understand that my 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 salary increases at the discretion of my department chair/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.

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 vacation and sick 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.

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.

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

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

Signature of Faculty Member_____
Date

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

Approved Appointment Begin Date _____ and End Date _____

Current Annual Salary Rate \$ _____ HR Review by: _____ Date: _____

APPROVED BY:_____
Department Chair/Head/Director_____
Date_____
Dean/Vice Provost/Vice President_____
Date_____
Provost_____
Date