

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