

**APPLICATION FOR PARTICIPATION IN THE
NORTHERN KENTUCKY UNIVERSITY PHASED RESIGNATION PROGRAM**

PART ONE

INTRODUCTION

If you are interested in applying for participation in the Northern Kentucky University Phased Resignation Plan (the “PR Plan”), complete this Application and **forward it to your department chair, as specified in the attached timetable.** The completed application form must be accompanied by a written resignation from the faculty member which provides that if the faculty member is accepted into the PRP then, effective on the first to occur of (i) the first day of a phased resignation contract year in which he/she has a faculty load less than 50%, and (ii) the end of his/her phased resignation, he/she will be considered to have irrevocably committed to resignation from the University, unless the University, in its sole discretion, asks this faculty member to remain beyond the resignation date.

Faculty applicants should submit PRP Plan applications to their appropriate chairperson for endorsement. The request should proceed through the Dean of the college and Provost, according to the specified timetable, to the Program Administrator for an administrative recommendation of approval or disapproval.

PART TWO

FACTUAL INFORMATION

1. My name is: _____
2. My Personnel Assignment Number is: _____
3. My salary for fiscal year/academic year is: \$ _____
4. As of June 30 of this calendar year, I will have earned _____ Years of Continuous Service with the University at the rank of at least Assistant Professor. I understand I am entitled to one (1) Year of Service for each full academic year in which I was a tenured or tenure track faculty member at the University and one (1) Year of Service for each full fiscal year of the University which I was an administrator at the University with a tenured or tenure track faculty rank. For the purposes of this section, the term “University” includes its predecessor.
5. If accepted into the plan, I would like to reduce my service during a period of two (2) years.
6. I would like to **continue** my service in the following percentages for the two (2) year period (50%; 25%): Please specify by year:

Year #1 _____ Year #2 _____

7. Justification/Reason for faculty application to Phased Resignation Program

PART THREE

ACKNOWLEDGMENTS AND AGREEMENTS

I acknowledge and agree as follows:

1. The University may request documentation of the facts I have provided in this Application.
2. My completion and delivery of this Application does not guarantee my participation in the Plan.
3. I have reviewed and understand the provisions of the Plan.
4. My ability to participate in the Plan and receive benefits pursuant to the Plan as well as the amount of benefits, if any, I will receive are all governed by the terms of the Plan.
5. All distributions received pursuant to the terms of the Plan represent income to me and will be subject to appropriate tax and other withholdings.
6. If I do not become a "Participant" in the Plan this year and I desire to participate in the Plan in one or more subsequent years, I must file a new application during the applicable period for each such year.

Date: _____ Signature: _____

Print Name: _____

Address: _____
