



PERELMAN SCHOOL OF MEDICINE – Reduction in Duties in Anticipation of Retirement

Request Form must be submitted to FAPD together with Phased Retirement Agreement letter written by Candidate with Department Chair’s signature of approval.

Faculty Name: _____

Department: _____

Current track: _____ **Current rank:** _____

_____ **% Reduction in Duties requested.**

Start date: _____

End date: _____ *

Anticipated Date of Retirement: _____

As stated in the Faculty Handbook Policy II.E.2., I understand that a reduction in duties may not exceed a total period of six years. In addition, a reduction in duties is always accompanied by a proportional reduction in salary and in those benefits, such as life insurance and retirement contributions, that are salary-based.

Faculty Name, Degree

Date

Approved by:

Department Chair Signature

Date

Dean’s Signature

Date

* A reduction in duties is granted only for whole years and must be approved by the Provost’s Staff Conference. Reduction requests must be resubmitted annually for duration of Reduction.