



### FACULTY RETIREMENT APPLICATION

Please complete and send to the Office of Human Resources

*If interested in a Phased Retirement, please meet with your department head and dean. They, in turn, should contact HR for finalization of the agreement.*

Applicant Information:		
Full Name (please print):		
(Last Name)	(First Name)	(Middle Initial)
Date of Birth:	/	/
Date of Hire:	/	/
Number of Years of Continuous Full-Time Service at WPI:		
<p>I hereby wish to retire from my position of _____ in the _____ at  <small>Title Department</small>  WPI. I intend to retire voluntarily as of _____.  <small>Retirement Date</small></p>		
_____	_____	
Employee's Full Name (please print)	Employee's Signature	
_____		
Date		

All retirees will enjoy the full privileges at the University Library, Fitness Center access and a University email account.

Your health and dental insurance (if any) will remain in effect through the end of the next month following your retirement date.

You will receive your final paycheck on your retirement date.

Tenure will be relinquished effective the date of retirement.

Emeritus status will be recommended by the department head if appropriate.

Please list any additional requests, comments, conditions agreed to between Faculty Member, Department Head, and Dean:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_