

FACULTY WORKLOAD REDUCTION (WLR) REQUEST

Name _____ Rank _____

College _____ Department _____

Account Code _____ Current Salary \$ _____

Effective Date_____Certain Date for Retirement_____

Reduced Workload Reduction % Requested: _____

☐ AY – Working 50% over fall and spring semesters (18 or 24 pay option)

Fall Semester – Working full time fall semester (9, 18 or 24 pay option)

☐ Spring Semester – Working full time spring semester (9 or 15 pay option)

New Pay Option Selection: _____ **pays** **New Account Code** _____

For internal department use: A transaction form will need to be submitted the year the date of retirement has been reached.

Reason for request:

Faculty Signature _____ Date _____

_____Approved_____Disapproved_____

Department Chair
Date

_____ Approved _____ Disapproved _____

Dean _____ Date _____

_____Approved _____Disapproved_____

Academic Affairs	Date
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Distribution: VPAA
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