

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 _____
Academic Affairs Date

Distribution: VPAA
Dean
Department
Faculty Member
Budget Office
Human Resources-Benefits
AAUP