

**Retirement with Rehire Program Assignment Request**

Name:

Date:

Department/Program:

Campus:

Effective Date of Retirement:

Year in Retirement with Rehire Program:

I request a teaching assignment for the AY 20 - 20

My preference is:

Choose one:     fall             spring             academic year             no preference

\*\*\*\*\* To be completed by Department Chair/Program Director \*\*\*\*\*

**Recommendation:**     No teaching assignment             Teaching assignment, as follows

Semester	Course	Credit hours	Projected enrollment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I agree to participate in the Retire with Rehire program with the above teaching assignment.

Signature of faculty: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: If the faculty member refuses the assignment, he/she is deemed to have withdrawn from the program.**

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Approval Signatures:

Department Chair/Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Regional Campuses Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Provost: \_\_\_\_\_ Date: \_\_\_\_\_