PLEASE PRINT

Employee Name _____ Date _____

Position Title / Rank _____ Department _____

Department Chair / Office Director _____

Requested Program Start Date _____ Requested Program End Date _____

Description of Phased Employment Proposal (you may attach description to this form if additional space is needed): _____

Employee's Signature _____ Date _____

The following signatures are required as they approve the Plan (or modified version):

Department Chair / Office Director's Signature _____ Date _____

Dean's Signature _____ Date _____

Vice President's Signature _____ Date _____

Human Resources Representative's Signature _____ Date _____

Comments: _____

ACTION: □ Approved □ Denied