

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

Phased Employment Program