DATE

SUPERVISOR NAME

WSU ADDRESS

Dear SUPERVISOR,

*Faculty - phased retirement*

This letter is my official notification to you of my decision to enroll in the phased retirement program offered at Wayne State University to faculty WAU/AAUP-AFT bargaining unit members holding tenure as stipulated in Article XII.K of the WAU/AAUP-AFT contract. I have elected to reduce, on an irrevocable basis, my workload to fifty percent (50%) for a period of up to three (3) years, beginning START DATE OF PHASED RETIREMENT, and ending END DATE OF PHASED RETIREMENT. My retirement date will be the next calendar day.

*Academic Staff – early retirement buy-out*

This letter is my official notification to you of my decision to enroll in the retirement buy-out program offered at Wayne State University to academic staff WAU/AAUP-AFT bargaining unit members holding employment security status as stipulated in Article XII.K of the WAU/AAUP-AFT contract. I have elected to retire, on an irrevocable basis, beginning START DATE OF EARLY RETIREMENT. My retirement date will be the next calendar day.

I am eligible and want to participate in the voluntary early retirement program for academic staff. I am eligible for the $##,### per year for three year buy-out as I will have been with Wayne State University for ## years as of my retirement date.

I am aware that participation requires me to submit an irrevocable declaration of my intent to take the PHASED/EARLY retirement to my dean or director and to human resources ([askhr@wayne.edu](file:///%5C%5Cad.wayne.edu%5CUsers%5Caw7415%5CDownloads%5Caskhr%40wayne.edu)) prior to March 1 of the year in which I wish to begin PHASED/EARLY retirement, with the change of status to take effect no later than August 17 of that year. I also understand that I will no longer be eligible for other Special Retirement Incentives.

Additionally, I am aware that as a retiree I may take advantage of retiree benefits as outlined on the human resources website (<https://hr.wayne.edu/tcw/retiring>). I also understand that continuation of medical, dental and vision benefits under COBRA or enrollment in retiree medical, dental and vision benefits will require timely submission of enrollment forms as outlined on the website.

Finally, I understand that as a WSU retiree I will have access to my WSU email account. WSU will communicate with me after my retirement date via my WSU email account, current mailing address and/or current phone number on file. I am responsible for keeping my contact information up to date, with WSU, should it change.

SPECIAL REMARKS/SENTIMENTS

Sincerely,

NAME

UNIT, DEPARTMENT

Banner ID:

WSU email: