



**Drake University Senior Faculty Status Program
Application and Agreement**

I. Faculty Personnel Information	
Name _____	
Faculty Title _____	Department/College or School _____
Date of University Full-time Employment _____	Total Years of Employment _____

II. Election for Plan Participation

Under the Drake University Senior Faculty Status Program, an eligible faculty member voluntarily chooses a two-thirds teaching workload, receives two thirds compensation, and retires at the end of the designated academic or calendar year. The faculty member may elect a one-year term or a two-year term. This Application and Agreement must be submitted to the Academic Dean on or before January 15 of academic year previous to the participation year. A calendar year application must be submitted by July 15 previous to the participation year. Every effort will be made to accommodate a faculty member's request for participation in this program consistent with programmatic and university needs. If a delay in participation is necessary, the Dean and Provost will work with the faculty member to identify an agreed-upon participation date.

Length of Agreement (1 or 2 Academic or Calendar Years)

One Academic or Calendar Year _____

Two Academic or Calendar Years _____

III. Signatures

I, _____, acknowledge that I have received approval to participate in the Senior Faculty Status Program and agree that I will conclude my Senior Faculty Status and fulltime employment with Drake University on _____.

Faculty Member Signature Date

Dean Signature Date

Provost Signature Date