

TRANSITIONS AFTER RETIREMENT PROGRAM (TARP)

NAME		TODAY'S DATE	
EMPLOYEE ID#		RETIREMENT DATE	
COLLEGE DEPARTMENT		ANTICIPATED LENGTH OF CONTINUED ACTIVITY	

OPTIONS FOR CONTINUED ACTIVITY

CONTINUED TEACHING - LIST COURSES / LOCATIONS / START DATE

CONTINUED ENGAGEMENT - LIST ACTIVITIES / LOCATIONS / START DATE

CONTINUED USE OF FACILITIES - LIST FACILITIES / LOCATIONS / START DATE

CONTINUED SERVICE ACTIVITIES - LIST GROUPS / EVENTS / START DATE

OTHER ACTIVITIES / START DATE:

SIGNATURES:

FACULTY	_____
	DATE

CHAIR/DIRECTOR	_____
	DATE

DEAN	_____
	DATE

PROVOST	_____
	DATE