

**TRANSITIONS AFTER RETIREMENT PROGRAM (TARP) AGREEMENT**

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

**OPTIONS FOR CONTINUED ACTIVITY**

**CONTINUED TEACHING - LIST COURSES / LOCATIONS / START DATE**

**CONTINUED SCHOLARLY ACTIVITIES - 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