

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

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CONTINUED ENGAGEMENT - LIST ACTIVITIES / LOCATIONS / START DATE

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

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CONTINUED SERVICE ACTIVITIES - LIST GROUPS / EVENTS / START DATE

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OTHER ACTIVITIES / START DATE:

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SIGNATURES:

_____ FACULTY	_____ DATE
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_____ CHAIR/DIRECTOR	_____ DATE
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_____ DEAN	_____ DATE
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_____ PROVOST	_____ DATE
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