

APPLICATION FOR PHASED BENEFITS FOR SURRENDER OF TENURE

Faculty Member's Full Legal Name:

College and Department:

Email Address:

Home Address and County:

Date of Birth:

By my signature below, I certify that:

1. I hereby irrevocably elect to accept Phased Benefits for surrender of tenure as set forth in the Tenure Buyout Policy of Marquette University dated *September 1, 2016* (the "Policy"), subject to approval of the letter of appointment by me, my Chair (if applicable), my Dean, and the Provost. I elect the following option (check one):
 - a. **Option One of the Policy**, where I will complete **half work** for **half pay** for **one** full, regular academic year. After completing my half-time academic year, I will receive a **tenure buyout payment** in accordance with the Policy schedule.
 - b. **Option Two of the Policy**, where I will complete **half work** for **full pay** for **two** full, regular academic years.
2. I have read the Policy and agree to adhere to all of its terms, conditions, and requirements.
3. To the best of my knowledge, I meet all of the qualifications to apply for Phased Benefits as set forth in the Policy.
4. Contingent upon the approval of my application for Phased Benefits, I hereby waive and surrender any and all right, title, or interest that I have or may have in tenure as of _____ . Further, I do hereby sell, surrender, and transfer my tenure rights to Marquette University as of _____ .
5. If agreement has not already been reached, I agree to negotiated in good faith with my Chair (if applicable) and my Dean concerning the duties and responsibilities to be assumed under the required letter of appointment.
6. Upon approval of this Application by the Provost, I shall execute the Resignation and Release tendered to me by the Office of the Provost within fourteen (14) days of receipt. I understand that, if I fail to execute the Resignation and Release in a timely fashion, I will not be entitled to Immediate Benefits under the Policy, unless notified to the contrary in writing by the Provost. I also understand that once I submit this Application, I cannot withdraw it, and the University is not obligated to tender me an offer of appointment as a full-time member of the Regular Faculty for the next upcoming academic year.

Signature: _____ Faculty Member	Date: _____	FOR OFFICE USE ONLY Date Application Received: _____ Date Action Taken and Action Taken: _____
Signature: _____ Provost	Date: _____	Approved _____ Disapproved _____