

To apply to participate in this program, please submit this completed form to Faculty Affairs (facultyaffairs@vt.edu) for review and approval by the Office of the Executive Vice President and Provost.

If applying for VTRP-1, VTRP-2 or VTRP-3, please also attach:

1. a detailed description (no more than 1-page) of the reductions in teaching, research, and service established in consultation with the department head and dean over the course of the VTRP agreement;
2. a signed P3A-F form for the reduction in salary (for VTRP-1, VTRP-2, or VTRP-3 only).

Questions: Contact Rachel Gabriele, Provost's Office, rachelvg@vt.edu

Faculty Member Name

Faculty Member Rank

Last 7 digits of Faculty Member VT ID Number

Faculty Member Department

Faculty Member's College

Faculty Appointment Type

☐ Academic Year

☐ Calendar Year

Requested **Start Date** for VTRP

Requested **Retirement Date**

(this is the date of **completion** of the VTRP)

(Check One Box Only)

☐

VTRP-H

The program participant agrees to retire *by the end of the academic year following execution of the agreement*. During the agreement, the participant would receive **no FTE reduction**, and would be expected to teach a standard teaching load as expected by the academic unit.

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VTRP-1

The program participant agrees to retire *at the end of the academic year following execution of the agreement*. During the agreement, the participant would receive an **FTE reduction to .50**, including a corresponding reduction in salary. Corresponding reductions to teaching, research, and service responsibilities would be made in consultation with the department head and dean and detailed in the participant's agreement.

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VTRP-2

The program participant agrees to retire from Virginia Tech *within two years of the commencement of the VTRP agreement*. During the agreement, the participant would receive an **FTE reduction to .50**, including a corresponding reduction in salary. Corresponding reductions to teaching, research, and service responsibilities would be made in consultation with the department head and dean and detailed in the participant's agreement.

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VTRP-3

The program participant agrees to retire from Virginia Tech *within three years of the commencement of the VTRP agreement*. During the agreement, the participant would receive an **FTE reduction to .50**, including a corresponding reduction in salary. Corresponding reductions to teaching, research, and service responsibilities would be made in consultation with the department head and dean and detailed in the participant's agreement.

Note: Eligible faculty members who participate any VTRP option and are still under the age of 65 at the conclusion of their transition program will remain eligible to continue health insurance coverage under a Virginia Tech plan. Once the employee transitions to retirement, the university will pay the monthly premiums, and the employee (retiree) will be responsible for reimbursing VT for the equivalent of the employee's portion of the health insurance premium until age 65, whether they opt for complete retirement or are rehired into a non-covered position. The employee portion of the premium will be billed by Human Resources, and will include any increases in accordance with changes in the state's retiree health insurance rates. The request for participation in this program and for reimbursement of health care insurance premiums must be in writing.

By signing below, I confirm that I have read [Policy 4410](#), and confirm that I meet all eligibility requirements described in the policy.

Faculty Member's signature

Date

Approvals:

Department Head signature

Date

Dean signature

Date

Executive Vice President and Provost signature

Date

Faculty members have seven (7) days to revoke the agreement; participants must be given twenty-one (21) days to consider entering into this agreement; participants are advised to seek advice of an attorney. (Older Workers Protection Act, 1990)