PURDUE UNIVERSITY
VOLUNTARY EARLY PARTIAL RETIREMENT (VEPR) REQUEST FORM

Please outline the terms of your VEPR request in a letter directed to your departmental approver. A template letter is available at <website> to guide you in specifying the provisions of your arrangement. Work with your departmental business office to complete Sections 1 and 2 of this form; submit it along with the request letter to your departmental approver.

Request Type:  □ New VEPR Arrangement  □ Revise a current VEPR Dated:__________

Section 1: ELIGIBILITY

Faculty and administrative/professional staff age 55 or more with at least 10 years of benefits-eligible service meet VEPR criteria

Name_________________________________________  PERNR________________________

Department____________________________________

Campus:  □ Fort Wayne  □ Purdue Northwest  □ West Lafayette

Staff Type:  □ Faculty  □ Administrative/Professional/Management

Section 2: REQUEST DETAILS

Please note that your VEPR may be reviewed on an annual basis. This annual review will focus on the needs and financial exigencies of the Department as well as your performance in the position.

Start date _____ /_____ /_______  End date _____ /_____ /_______ (up to five (5) years)

PROPOSED WORK SCHEDULE:

▪ Please indicate pay frequency
  □ Academic Year (9 months paid over 10 months)  or
  □ Fiscal Year (12 months)

▪ Please indicate percentage of work time plan for VEPR transition:
  □ ___% for entire term of VEPR period  or
  □ Variable Schedule: Indicate % of work proposed in the shaded blocks in the grid below

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Spring Half = 1st Semester if paid on academic year cycle or January 1st through June 30th if paid on fiscal year cycle
Fall Half = 2nd Semester if paid on academic year cycle or July 1st through December 31st if paid on fiscal year cycle
Summer session work for FY faculty/staff is permitted and may be arranged as needed but is not part of the VEPR schedule.

▪ Other Schedule (Please attach detailed request to be reviewed by Human Resources for feasibility)

Section 3: REVIEWS AND APPROVAL

ELIGIBILITY VERIFICATION:

Business Office (please print)  Signature  Bus. Off. Contact Number  Date

APPROVED BY:

Employee (please print)  Signature  Date

Immediate Supervisor (please print)  Signature  Date

Department Head /Director (please print)  Signature  Date

Dean/Vice President/Chancellor (please print)  Signature  Date

HR Approval (please print)  Signature  Date

Submit approved Request Letter and VEPR form to Human Resources.