

University of Oregon

Tenure Reduction/Relinquishment Program

APPLICATION

Name: _____ UO ID: _____ Birth Date: _____

Department/School/Unit: _____

TRP is ending and the application deadline is 12/15/2025. Applications must be signed by the faculty member and submitted to their department head by that date to be reviewed for the program. Please check one of the options below:

Option 1: Tenure Reduction

Effective retirement date (no later than June 30, 2028): _____

Working pre/post-retirement in the same month is not allowed. End of fall retirement should be December 31, end of winter term retirement should be March 30, end of spring without a summer appointment is June 15.

Requested Number of years of part-time employment: _____
(Maximum of five years for a total of five TRP appointments. This request is for department planning purposes only.)

Option 2: Tenure Relinquishment

Effective retirement date, typically, at the end of a term: _____
(no later than June 30, 2028)

If a retirement date changes from the date listed here, an amendment will only be issued if it's a difference of over 30 days.

Submitted By: _____ Date: _____
(Faculty Member Signature)

Any tenure reduction or relinquishment agreement requires the approval of the Department Head and Dean in whose area the faculty member is employed. In submitting an application for tenure reduction, the faculty member agrees that their continued part-time employment is subject to the same University of Oregon Policies and Collective Bargaining Agreement(s) as those applicable to full-time faculty members.

Approved By: _____ Date: _____
(Department Head Signature)

Approved By: _____ Date: _____
(Dean Signature)

Final provost approval will be requested after eligibility is determined by HR Benefits.
Approval will be captured through electronic submission.