

**STANFORD UNIVERSITY NOTICE OF INTENT TO RETIRE
and
APPLICATION TO PARTICIPATE
IN THE FACULTY RETIREMENT INCENTIVE PROGRAM (FRIP)**

To: Chair/Director: _____

Department/Program: _____

Dean: _____

School: _____

I hereby give notice of my wish to retire from Stanford University, effective at the end of the day on _____ (my "Retirement Date").

I hereby apply to participate in the Faculty Retirement Incentive Program (the "Program"). I understand that, upon confirmation of my eligibility to participate and written acceptance by the Provost of an Agreement and Release signed by me, I will become entitled to payment of benefits under the Program, but only if I remain employed by Stanford University continuously through my Retirement Date and Recall Appointment and satisfy such other conditions for the payment of benefits as may be required under the Program and such additional terms and conditions, if any, as may be imposed by agreement with the Dean.

Signature: _____

Date: _____

Print Name: _____

Title: _____

Approved and Recommended: _____
Chair/Director Date

Approved and Recommended: _____
Dean Date

Retirement and participation in the Program is subject to approval by the Provost.

Note: Submit completed notice to the Provost's Office – Faculty Affairs at least four (4) months before intended retirement date. Mail Code: 2035. Questions: facultyaffairs@stanford.edu