

**ORAL ROBERTS UNIVERSITY
FACULTY VOLUNTARY TRANSITION PLAN
APPLICATION FORM**

Submit this Form to Provost on or before December 31, 2016

SECTION I: FACULTY INFORMATION

Date of Birth (Month/Day/Year) _____ Z Number: _____

First Name _____ MI _____ Last Name _____

Street or Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address: _____

SECTION II: ELIGIBILITY/QUALIFICATIONS

- A. Faculty member's first day of employment at ORU as Full Time Faculty. _____
- B. Faculty member's last day of employment at ORU as Full Time Faculty. _____
- C. Faculty Member's age as of December 31, 2016 _____
- D. Faculty Member's years of continuous service as faculty at ORU
as of December 31, 2016. _____
- E. Faculty Members age and years of continuous service (Total of C & D). _____

SECTION III: RREPRESENTATIONS

I have received and read ORU's Faculty Voluntary Transition Plan (FVTP) dated November 2016. By completing this Application and executing below, I understand that:

- A. Participation in the FVTP is an opportunity offered by ORU and not an entitlement.
- B. ORU may refuse an applicant to participate in the FVTP if it determines there is reasonable cause to do so.
- C. The FVTP is offered on a one-time basis and the Election Period is November 1, 2016 to December 31, 2016.
- D. The voluntary resignation date for Qualified Faculty members is May 31, 2016, however, the Voluntary Resignation Date for academic administration or academically related administration personnel may vary based on operational needs.
- E. Election and participation in the FVTP is strictly voluntary. The decision whether to elect to participate in the FVTP is entirely within the discretion of the applicant.
- F. As a condition of participation in the FVTP, I will execute a Transition and Release Agreement with ORU that includes the terms and conditions of separation.
- G. I cannot be reemployed by ORU in any full-time or staff position for five (5) years following my voluntary resignation date.

SECTION IV: SUBMISSION, RECEIPT AND APPROVAL

I AM A Full Time Faculty member and my age plus continuous years actively employed as Full Time Faculty member at ORU are equal to _____(actively employed means being actively at work; on vacation; on sick leave; on military leave; on paid leave of absence; or on an approved unpaid leave of absence). By signing below, I voluntarily request participation in the FVTP.

Employee

Date: Month/Day/Year

Signature: _____

_____/_____/_____

Application Approved by:

Date: Month/Day/Year

Dr. Kathaleen Reid-Martinez, Provost

_____/_____/_____

Oral Roberts University

Faculty Voluntary Transition Plan

The Faculty Voluntary Transition Plan (“FVTP”) is available to Qualifying Faculty Members of ORU as an opportunity for career and life transition. Qualifying Faculty Members, in lieu of entering into a full time Faculty Contract for the upcoming academic term, can instead elect *either* a:

- a.) Reduced Load by phasing out their duties systematically over three academic years;

A Qualifying Faculty Member electing the Reduced Load option will be eligible to receive faculty contracts for the three academic years following their current Faculty Contract as summarized below:

Academic Year After FVTP Election	Employment Status	Load	Salary	Benefits
1 st Academic Year After FVTP Election	Full Time	3/4 load	75% of Salary	Full Benefits
2 nd Academic Year After FVTP Election				
(select <i>either</i> the Full Time <i>or</i> the Part Time option)	Full Time	3/4 load	75% of Salary	Full Benefits
	Part Time	1/2 load	55% of Salary	No Benefits
3 rd Academic Year After FVTP Election	Part Time	1/2 load	55% of Salary	No Benefits

Circle your selection above in the highlighted area:

Sign and Date _____

or

- b.) Lump Sum Payment by resigning from employment with ORU upon conclusion of their current Faculty Contract and receive a Lump Sum Payment based upon the number of full years of continuous service at ORU.

Sign and Date _____