

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

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

Month Day Year

- A. First day of continuous employment at ORU as Full Time Faculty. _____
- B. Last anticipated day of employment at ORU as Full Time Faculty. _____
- C. Faculty Member's age as of application date. _____
- D. Number of academic years of continuous service prior to August 2013. _____
- E. Faculty Members age and academic years of continuous service prior to August 2013 (Total of C & D). _____

SECTION III: REPRESENTATIONS

I have received and read ORU's Faculty Voluntary Transition Plan (FVTP). 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 to December 31 of each year.
- D. The voluntary resignation date for Qualified Faculty members is May 31 of each year, 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 academic years actively employed as Full Time Faculty member prior to August 2013 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.

Date: Month/Day/Year

Employee

Signature: _____

Date: Month/Day/Year

Application Approved by:

Dr. Kathaleen Reid-Martinez, Provost