HR PROCESSING INSTRUCTIONS
FOR ACADEMIC FACULTY TRANSITIONAL APPOINTMENT

NEW APPOINTMENT

Documents required:

1. Request for Transitional Appointment (RTA) – a photocopy containing approval signatures. The form is
available on the Provost’s website at: www.provost.colostate.edu/index.asp?url=Resources/faculty_affairs. A
sample form is included below.
2. Leave/Term Form - Required only for those enrolled in PERA
3. Current turnaround document reflecting the following changes:
   A) STATUS INFORMATION: Notate and “X” at Descriptor Code. Update the Annual Base Salary.
   B) JOB ASSIGNMENT: Update the Pay Rate. Change F-T Pct, if applicable. Change Begin Date and End
   Date to actual appointment dates for the current academic year if 9 month, or for the current fiscal year if
   12 month. For example:

   
   9 month                              12 month
   8/16/01 to 5/15/02  AY               7/1/01 to 6/30/02  FY
   8/16/01 to 12/31/01 Fall              7/1/01 to 12/31/01 Fall
   1/1/02 to 5/15/02  Spring             1/1/02 to 6/30/02  Spring

   C) APPOINTMENT DATA: Change Curr Appt Begin Date and End Date to show the entire time period that
   the employee is appointed as a transitional per the RTA. For example, if a 9 month employee will be on
   transitional for 4 years, the dates would be 8/16/11 to 5/15/15. Change the Curr Appt Empi Type to
   “FT”. Change the Curr Appt Pt Fract to the same percentage as the F-T Pct under JOB ASSIGNMENT,
   if applicable.

   D) COMMENTS: Notate “Change to Transitional Effective ___(date)__.”

CHANGES TO CURRENT APPOINTMENT

Changes to a current appointment requires updating the most current turnaround document. Notate the changes in
the applicable sections, and the effective date in the COMMENTS section. For example, to increase the percentage,
notate the new percentage in JOB ASSIGNMENT (F-T Pct), and in APPOINTMENT DATA (Curr Appt Pt Fract), and
notate the effective date in COMMENTS.

REAPPOINTMENT

Reappointment required a current turnaround document reflecting the following changes:

A) STATUS: Update Annual Base Salary.

B) JOB ASSIGNMENT: Update the Pay Rate. Change Begin Date and End Date to actual appointment dates for the
new academic year if 9 month, or for the new fiscal year if 12 month. See “B)” in Section 1. Above for date
examples. Change F-T Pct, if applicable.

C) APPOINTMENT DATA: Change the Curr Appt Pt Fract to the same percentage as the F-T Pct under JOB
ASSIGNMENT, if applicable.

D) COMMENTS: Notate the reappointment dates, i.e., “Reappoint for AY01-02”.

Request for Transitional Appointment

Pursuant to Section E.2.1.7 of the Academic Faculty and Administrative Professional Manual (the “Manual”), the opportunity for Transitional Appointment is available to full-time tenured faculty members. This constitutes your request for a Transitional Appointment, which may be granted only by the President of the University, exercising the personnel power delegated by the Board of Governors, or by the Board itself. If approved, this request will be deemed to be granted in consideration of your binding and enforceable promise to fully retire and resign from your tenured position at the University at the end of the specified period.

PLEASE COMPLETE THE FOLLOWING:

Name:___________________________ Department:_____________________

Faculty Rank:     ___Professor     ___Associate Professor     ___Assistant Professor

Transitional Appointment to Commence: ______________ [Date]  
(Typically the beginning of the Fall Semester)

Duration of Transitional Appointment Requested: ___ one year 
[check applicable term]     ___ two years     ___ three years     ___ four years

Level of Transitional Appointment Requested: ___% of ___ 9-month, or 
___ 12-month appointment

[insert % of full time, nine or twelve-month appointment contemplated]

Currently on Transitional Appointment:       _____yes       _____no

[If yes, attach copies of all prior agreements or contracts. Note: If currently on Transitional Appointment, upon approval of this request the terms and conditions set forth herein and in the Transitional Appointment Policy set forth in the Manual from time to time, shall supersede and replace any and all prior agreements or understandings pertaining to your Transitional Appointment.]
PLEASE READ THE FOLLOWING CAREFULLY. When signed by you and approved on behalf of the University, the following will constitute a part of your Transitional Appointment.

1. Section E.2.1.7 of the Manual states that “the percentage of salary and percentage of effort during the transitional appointment . . . shall be spelled out in the transitional appointment contract”. **This Request for Transitional Appointment, when signed by you and approved by the University, shall constitute the Transitional Appointment contract.** If you have previously been on Transitional Appointment under a prior agreement and have requested that status be extended or modified under the current University policy, and if the University has agreed, when signed this Request for Transitional Appointment shall supersede and revoke all prior agreements or contracts.

2. Section E.2.1.7 of the Manual states that “the transitional appointment expects that the faculty member continues to participate in teaching, advising, service, and research, subject to the part-time provisions of [the appointment].” The level of responsibilities in teaching, advising, service and research shall at all times be proportionate to the level of Transitional Appointment specified here, and the workload and activity assignments for each academic year shall be handled through normal departmental processes. Such specific responsibilities must be consistent with the provisions of the Manual, are subject to change in accordance with the needs of your Department, College, and the University, and are subject to approval by the Provost. Any modification of the terms and conditions set forth in this Request for Transitional Appointment must be accomplished by filing a new Request and is not binding until approved on behalf of the University by the President, pursuant to the personnel power delegated to him by the Board of Governors, Colorado State University’s governing board.

3. **Release and Conditions**

3.1 Acceptance of your Transitional Appointment constitutes a legally binding release, for yourself, your heirs, executors, administrators, successors, and assigns, and discharge of the University, the Board, the respective members, officers, agents and employees of such entities, from all claims, rights, and causes of action of any and every kind, nature and character, known or unknown, arising from or in any way connected with the offer and acceptance of this Transitional Appointment in return for agreement to fully retire from your tenured position at the University at the end of the specified period. Such claims specifically include, but are not limited to, any claims under the Age Discrimination in Employment Act of 1987 and the Older Workers Benefit Protection Act of 1990 (the “OWBPA”).
3.2 Specifically, by execution of this Request you acknowledge that the release contained in paragraph 3.1 above follows and conforms with the criteria set forth in the OWBPA in that it:

   a. is entered into knowingly and voluntarily; and

   b. provides consideration beyond that to which you are otherwise entitled, including but not limited to the University’s agreement to grant your request for a Transitional Appointment.

3.3 Notwithstanding the provisions of paragraph 3.1 above, execution of this Request does not waive any claims based on occurrences after the date the Agreement is executed.

3.4 Pursuant to the OWBPA, you must have twenty-one (21) calendar days from receipt of an agreement to retire to review and consider its terms and conditions before signing it. The terms and conditions of a Transitional Appointment are set forth in Section E.2.1.7 of the Manual and this Request. By signing this Request you acknowledge and agree that you received notice of the terms and conditions applicable to your Transitional Appointment, including those set forth in the Manual and in this Request, at least twenty-one (21) days prior to the date set forth below next to your signature.

3.5 You may revoke this Request by delivering written notice of such revocation at any time within seven (7) calendar days after the date set forth below next to your signature. For a revocation to be effective, written notice must be delivered to the Chair/Head of your Department and date-stamped as “received” within the seven (7) calendar-day period.

3.6 This Request constitutes notification and by signing it you acknowledge that you have the right to consult an attorney prior to signing this document and that you are hereby advised by the University as your employer to consult with an attorney of your choice before signing this Request.

*Please attach a one-page summary of the agreed upon duties and responsibilities during the transitional appointment (e.g. distribution of effort during the academic year, courses to be taught, research/scholarly activities, and/or service/outreach obligations), signed by the faculty member and the department Head/Chair.
I have read, understand, and accept the forgoing provisions pertaining to my Request for Transitional Appointment.

Signed:__________________________ Date:________________________

(signature)

___________________________
(print name)

APPROVED BY:

Department of [insert]

College of [insert]

By:__________________________ Date:________________________

Department Chair/Head

By:__________________________ Date:________________________

Dean

Eligible for Retirement: ____ No ____ Yes Eligible as of:__________________

Comments:________________________________________________________

By:__________________________ Date:_________________________

HR-Benefits Office

By:__________________________ Date:_________________________

Provost/Academic Vice President

APPROVED ON BEHALF OF THE UNIVERSITY:

By:__________________________ Date:________________________

President

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www.hrs.colostate.edu

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