

## Tenure Relinquishment Form

Name:		Date:		
Present Rank:			Department:	
	erstand the Oregon Institu orized to relinquish my tenu	٠,	enure Relinquishment Policy (OIT 20-033) and request that I be	
		nquish my indefinite tenure on  no more than three years from the effective date of this request.)		
re	etroactive.	-	ercent during the period indicated below. Dates may not be  Increase to: \$	
			to	
ao el	djustments provided by the	e University and/or l	ne period this agreement is in effect, all across-the-board President for faculty with fully satisfactory service. I will also be authorized by the University and/or President in accordance	
Т	I understand that this termination agreement does not include an offer of any future employment at Oregon Tech. Future appointments with Oregon Tech will be contingent upon department need and available budgetar resources subject to approval of the Provost and President.			
4. A	A reference to this letter will be included in my Notice of Appointment for contract year 2020			
5. T	This agreement may be varied or terminated in the event of program reduction or financial exigency.			
O			e agreement between Oregon Tech and myself. There are no dments to this agreement must be in writing and signed by the	
Applicant		Date	Office Use Only – to be completed by Human Resources Eligibility, service, and salary data verified by:	
Department Chair		Date	Signature	
Dean		Date	Print Name	
Provost		Date	Title	
			Date	
President		Date	Rev. 12/27/17	