## Request to Convert Part Time Faculty to Partially Benefited (Retirement Eligible)

(20-29 standard work hours; 3 courses; 8-10 contact hours)

| Name:KSU/Banner ID: |                          |                 | Department: HR Employee ID: |                                   |
|---------------------|--------------------------|-----------------|-----------------------------|-----------------------------------|
|                     |                          |                 |                             |                                   |
| Current courses     | assigned and enrollme    | ent:            |                             |                                   |
| Proposed additi     | ional course(s) and enro | ollment:        |                             |                                   |
| Justification for   | additional course(s):    |                 |                             |                                   |
|                     | Fa                       | culty membe     | r acknowledgement           |                                   |
| I understand the    | at accepting this additi | onal course lo  | ad will make me retiren     | nent plan eligible and require me |
|                     | . •                      |                 |                             | nal Retirement Plan (ORP). More   |
| information reg     | garding these plans is a | available at ht | ttps://web.kennesaw.ed      | u/hr/content/trs-orp-retirement-  |
| options. I shoul    | ld contact benefits@kei  | nnesaw.edu to   | o coordinate enrollment     | as soon as possible.              |
| Signature:          |                          |                 | Date:                       |                                   |
|                     |                          |                 | orovals:                    |                                   |
| Department Chai     | r:                       | D               | ean:                        |                                   |
| Signature:          | Date:                    | Si              | gnature:                    | Date:                             |
| Business Manage     | r:                       |                 |                             |                                   |
| Signature:          | Date:                    |                 |                             |                                   |
|                     |                          | Academio        | Affairs Office              |                                   |
| AFO:                |                          | Co              | oordinator:                 |                                   |
| Signature:          | Date:                    | Si              | gnature:                    | Date:                             |