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	onal course(s) and enro	ollment:		
Justification for	additional course(s):			
	Fa	aculty membe	r acknowledgement	
I understand the	at accepting this additi	onal course lo	ad will make me retirem	ent plan eligible and require me
to contribute to	either Teachers Retire	ment System	of GA (TRS) or the Option	al Retirement Plan (ORP). More
information reg	garding these plans is a	available at ht	tps://web.kennesaw.edu	/hr/content/trs-orp-retirement-
options. I shoul	ld contact benefits@kei	nnesaw.edu to	o coordinate enrollment a	as soon as possible.
Signature:			Date:	
			orovals:	
Department Chair:			Dean:	
Signature:	Date:	Si	gnature:	Date:
Business Manage	r:			
Signature:	Date:			
		Academic	Affairs Office	
A FO:		Co	pordinator:	
Signature:	Date:	Si	gnature:	Date: