

**MEMORANDUM OF UNDERSTANDING**

\*\*\*Include all items unless marked “Optional.”\*\*\*

**MEMORANDUM OF UNDERSTANDING (MOU)**

**CONCERNING THE POST-RETIREMENT RECALL OF First Name & Last Name**

This document sets forth a memorandum of understanding between the University of California and Professor Full Name, regarding their voluntary retirement from the University of California effective Retirement Date and his/her recall to post-retirement teaching Recall Dates, subject to satisfactory performance. This agreement is subject to all applicable University of California policies for recalled faculty members, including all [APM 205](http://www.ucop.edu/academic-personnel/_files/apm/apm-205.pdf) provisions and appendices.

1. Professor Full Name is pre-approved for a recall appointment of number of courses per quarter and number of quarters per year during the next number (no more than three) academic years, beginning start of recall date and ending end of recall date. For each quarter course that he/she teaches, he/she will be compensated $negotiated rate.
2. Professor Full Name and School or College Administrator Title Administrator Full Name have agreed that Professor Last Name will teach courses Specific Course Numbers as agreed upon. For example: MGT 654 and ENG 234; or there may a list of courses that the faculty member is willing to teach; with the actual courses to be taught selected from that list, subject to department need and future negotiation with the administrator during the recall period.
3. Professor Full Name may develop new courses during the recall period. Professor Last Name will have the opportunity to teach any course that she/he develops, if granted the approval by the appropriate committees. [Optional]
4. Professor Full Name will be provided with computer support, telephone support, staff support and reader support for any recall courses that she/he teaches. [Optional]
5. Professor Full Name agrees to vacate his/her present office, Room and Building, and move to Room and Building during the agreed upon period. School or College will provide the necessary assistance with the move. [Optional]
6. Professor Full Name will be provided the customary parking benefits available to recalled retired faculty members. [Optional]
7. By signing this MOU, Professor Full Name does hereby separate from University employment effective Separation Date. The University accepts his/her resignation.

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Professor Full Name Date Chair Full Name Date

Department Name Department Name

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Administrator Full Name Date VPAP Name Date

Administrator Title, School or College Vice Provost for Academic Personnel