

THE CITY UNIVERSITY OF NEW YORK

Phased Retirement Application for Professional Staff

Eligibility: Employees in the Higher Education Officer Series titles with CCAS (13.3b) and tenured employees in the College Laboratory Technician Series titles who are members of the Optional Retirement Program (TIAA-CREF), who are at least 65 years of age and who have at least fifteen (15) years of pensionable, continuous, full time CUNY service are eligible to apply.

Instructions: The applicant completes Section I, II, III, and IV of this form and submits it to Human Resources for verification. Human Resources completes Section V. The Supervisor completes Section VI. If the applicant holds an appointment as an aHEO, HEa, HEA, CLT or Sr. CLT, the Vice President of Administration completes Section VII. If the applicant holds an appointment as a Chief CLT or HEO, the College President or Designee completes Section VIII. Applicants who hold an appointment as an aHEO, HEa, HEA, CLT or Sr. CLT may appeal to the President/Designee, in which case, the College President or Designee completes Section IX. Human Resources completes Section X.

Applications must be submitted to Human Resources <u>no later than November 15</u> for those beginning to phase the following September 1. Final arrangements are to be in place by February 1 following the submission of the application.

Applications must be submitted to Human Resources <u>no later than May 1</u> for those beginning to phase the following February 1. Final arrangements are to be in place by October 1 following the submission of the application.

I. Perso	nal Data								
Name				Title			Empl ID [
							, [
College				Department					
Date of in	itial full time appointment to the Ur	niversity				Date of Tenure/CCAS (13.3b)			
Address						Tel.:			
City		State	Zip Code			email			
II. Phasing Period: Phasing Period: Applicants may elect to phase for six (6) months (September 1 - February 28/29 or February 1-July 31) or one (1) year (September 1 - August 31) during which their work commitment shall be 80% of the contractual full-time workload, i.e., the employee will have a work week of 28 hours per week. The salary shall be 80% of the full-time salary.									
ı woula ili	ke to participate in the program fo	or 							
Six mo	onths commencing September 1,	Ye	ar		One Yea	ar commencing September 1, Ye	ar		
Six m	onths commencing February 1,	Yea	ar						
III. Travia	a Leave Election:								
l elec	ct to take Travia Leave after the phas	sing period							
l elec	ct to take a lump sum payment in lie	eu of my Travia Lo	eave follow	ing completio	n of my pl	hasing period			
IV. Attes	tation of Applicant								
l attest to	the following:								
1. I understand that the decision to phase is irrevocable and is contingent upon my irrevocable commitment to retire at the end of the Phasing Period (or the combined Phasing and Travia Leave period). I further understand that if I fail to retire at the end of the Phasing Period (or combined Phasing and Travia Leave period), I shall be deemed to have resigned as of the end-date of my Phasing Period (or combined Phasing and Travia Leave period).									

2. I understand that I may work outside of CUNY, without limitation as to time and compensation, so long as the outside work does not conflict with my CUNY

3. I understand that it is in my best interests to consult a financial professional and/or a retirement counselor before making the decision to participate in this

Date

workload.

program. Signature

V. Human Resources:								
Date of Birth 15 or more years of pension	onable, continuous, full time CUNY service							
TIAA-CREF MetLife Guardian								
Name	ignature	Date						
VI. Supervisor: Briefly describe how the department will cover the applicant's workload w	without adversely affecting the area or program during the pha	sing period:						
shelly describe now the department will cover the applicant 3 workload w	Throat daversely directing the drea of program during the principal	sing period.						
My approval is an indication that the employee may per adversely affecting the area or program.	form his/her job on less than a full-time basis during the proposed	d phasing period without						
Not approved								
Name	Title							
Signature	Date							
	·							
VII. Recommendation of Vice President of Administration (for a	HEOs/HEas/HEAs/CLTs and Sr. CLTs only)							
Approved Not approved								
Name	Title							
Signature	Date							
VIII. Recommendation of President or Designee: (for Chief CLT an	ad HEOs anly)							
Approved	<u></u>							
Not approved								
Name	Title							
Signature								
	Date							
IX. Decision of the President or Designee on Appeal: (for aHEOs,	HEas, HEAs, CLTs and Sr. CLTs only)							
Approved								
Not approved								
X. Board of Trustees' Action								
Chancellor's University Report Date	Chancellor's University Report Date							