Retiree E-mail Request Form

Employees, such as those in the Executive Compensation Plan, and non-teaching instructional staff titles such as Higher Education Officer series, College Laboratory Technician series, Research Associates and Research Assistants, will be given a one-time option at the time of retirement (during the off-boarding/exit interview process), to request a "retiree" e-mail.

Teaching faculty, librarians and faculty counselors may also opt for a "retiree" e-mail account. (Continuation of a current email address would only be granted in rare circumstances with approval from the president or his/her designee. If interested, justification should be attached to this form).

CUNY e -mail addresses are not available to employees who resign, or are non-reappointed or otherwise terminated. The Office of Human Resources is advised to retain this form, along with the off-boarding/exit interview form for the employee. (NOTE: During travia leave, the employee retains his/her current e-mail.)

Employee/Retiree Information:

Name _____ **Empl ID** _____

Contract Title _____ **Department** _____

Retirement Date _____   I should be notified at this e-mail address when the retiree e-mail is created _____

☐ **I request a retiree e-mail address (".ret")**

Attestation by Employee/Retiree:

o   I acknowledge that I am not an active employee of the college/University Management, as noted above

o   I agree not to hold myself out as an active employee of the college/University Management, as noted above

o   I acknowledge receipt of the CUNY Policy on Acceptable Use of Computer Resources

o   I will comply with the University's policies and procedures regarding electronic communications, including, but not limited to, the University's Policy on Acceptable Use of Computer Resources, to the extent applicable

o   I acknowledge that if my retiree account is inactive for more than 12 calendar months (one year), the University will inactivate my account

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Signature   Date

RECEIVED BY (This form must be signed by the OFSR/Human Resources Executive Director or Designee)

Signature _____   Date _____