

THE CITY UNIVERSITY OF NEW YORK

Phased Retirement Application for Faculty

Eligibility: Tenured faculty members, including Librarians and Counselors, and Lecturers with a Certificate of Continuous Employment (CCE) 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. (Faculty members currently serving as Department Chairs or as Executive Officers of a Ph. D. Program must submit their resignation from the position, prior to beginning their phasing period).

<u>Instructions</u>: The applicant completes Sections I, II, III, IV and V of this form and submits it to Human Resources for verification. Human Resources completes Section VI and forwards to the Department Chairperson. The Department Chairperson completes Section VIII. The College President completes Section VIII. Human Resources completes Section IX.

Applications must be submitted to Human Resources no later than November 15 to phase beginning the following academic year.

Final arrangements are to be in place by <u>February 1</u> following submission of the application.

I. Personal Data						
Name	Title	tle				
College	Department					
Date of initial full time appointment to the University	Da	ate of Tenure/CCE				
Address			Tel.:			
City	State Zip Co	de	email			
II. Phasing Period:						
Faculty applicants may elect to phase for one, two or tand the salary shall be 50% of the full-time salary.	hree years, during which thei	r work commitment sh	all be 50% of the contractual	full-time workload		
I would like to participate in the program for: One year Two years Three years Beginning with academic year						
III. Travia Leave Election:						
l elect to take Travia Leave in the spring semester of my final phasing year						
I elect to take a lump sum payment in lieu of Travia Leave following completion of my phasing period						
IV. Proposed Allocation of Workload during th	e Phasing Period:					
The workload for each year of the phasing period, except workload, i.e., 50% of the teaching load and 50% of other	•	•				
Inasmuch as the workload for faculty Librarians is 35 ho (25% of annual workload in Fall/25% in Spring) or 35 ho have a 30 hour per week workload, would work either 1 the year (50% for Fall or Spring).	urs per week for one-half the	year (50% of annual wor	kload for Fall or Spring). Facu	Ilty Counselors, who		
Regardless of how the phasing employee's workload is dist that the amount will be different during Travia Leave, whe			t over the full year in equal biw	reekly payments (except		
Please indicate your option for each year.						
Year 1	Year Two		Year Three			
50% - Fall / 0% Spring	50% - Fall / 0% Spring		50% - Fall / 0% Spi	ring		
0% - Fall / 50 % Spring	0% - Fall / 50 % Spring		0% - Fall / 50 % Sp	oring		
25 % - Fall / 25% Spring	25 % - Fall / 25% Spring	J	25 % - Fall / 25% S	Spring		
25 % - Fall / Travia Leave - Spring	25 % - Fall / Travia Leave - Spring		25 % - Fall / Travia	Leave - Spring		

V. Attestation of Applicant

I 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 assignment, except that if I elect a 50% workload in a given semester, I am subject to the Multiple Position Policy for that semester and must submit a Multiple Position Report for that semester. I also understand that I am subject to paragraphs 2.I i, 2. I iii, 2. I iv and 2. I v of the Multiple Position Policy throughout the phasing period.

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

program.						
Signature		Date				
VI. Human Reso	urces					
		15 an many was a street	noismahla santinusus full tima (UNI)	Comico		
Date of Birth			nsionable, continuous, full-time CUN\	service		
TIAA-CREF	MetLife	Guardian				
Name			Signature	Date		
VII. Department	: Chairperson:					
Duiofly docaribo b	the demonstration	uuill aavay tha amplicantle		at the college during the phasing period:		
			-			
Approved	My approval is an academic respons		ember's proposed workload configurati	on would not impede the department's ability to meet its		
Not approved						
Name			Title			
Signature			Date			
				_		
VIII. Recommend	lation of College	President (including Ap	ppeals):			
Approved						
Phasing Period	deferred for one year	ır				
Name			Signature	Date		
IX. Board of Trus	tees' Action					
in Dould Of 11 US	tees Action					
Chancellor's Univer	sity Report Date					