

THE CITY COLLEGE OF NEW YORK

Application for Retirement Leave of Absence (Instructional Staff)

Instructions: Applicant completes Part A and submits application to Department Chairperson or Unit Head. Chairperson/Unit Head completes Part B and forwards application to the Academic Dean or appropriate Vice President. Academic Dean/VP completes Part C and forwards application to the Director of Human Resources, who completes Part D.

Part A (To be completed by Applicant)

Name _____ Social Security No. _____
Department _____ Title/Rank _____
Retirement System: _____ TRS _____ ERS _____ TIAA/CREF
Retirement System No. _____

I hereby apply for a retirement leave of absence starting on _____

(Non-teaching members of the Instructional Staff will be required to exhaust any accrued leave prior to beginning their retirement leave.)

The probable effective date of my retirement will be _____

Type of Retirement: _____ Service _____ Mandatory _____ Disability _____

The Board of Trustees of The City University of New York is authorized, if necessary, to determine from the Retirement System my eligibility for retirement. I understand that any temporary disability leave taken between the submission of this application and the starting date of my retirement leave may reduce the period of my retirement leave. I further understand that the terms and conditions of my retirement benefits are determined by the Retirement System.

Date _____ Signature of Applicant _____

Part B (To be completed by Department Chairperson/Unit Head)

This is to confirm that this application for retirement leave of absence has been noted upon department/unit records.

Date _____ Signature of Chairperson/Unit Head _____

Part C (To be completed by Academic Dean/VP)

This is to confirm that this application for retirement leave of absence has been noted upon division/school records.

Date _____ Signature of Dean/VP _____

Part D (To be completed by Human Resources)

Recommendation:

According to the Temporary Disability Leave records, the Applicant has a balance of _____ days of unused temporary disability leave as of _____.

Application Approved: _____ Application Disapproved: _____

Period of Retirement Leave: From _____ to _____

Date _____ Signature of Director of Human Resources _____