

THE CITY UNIVERSITY OF NEW YORK

Pilot Program - Phased Retirement Application for Faculty Academic Year 2015-2016

This is a three-year pilot program of <u>Voluntary Phased Retirement</u> for eligible permanent full-time members of the PSC-represented faculty. The program continues in effect for academic year 2015-16.

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 VII. The College President completes Section VIII. Human Resources completes Section IX.

Applications must be submitted to Human Resources no later than November 15, 2014, to phase beginning the 2015-16 academic year.

Final arrangements are to be in place by February 1, 2015.

I. Personal Data					
Name	Title	Empl ID			
Department	College				
Date of initial full time appointment to the U	niversity Date of Tenu	re/CCE			
Address					
City State	Zip Code Tel.:	email			
II. Phasing Period:					
Faculty applicants may elect to phase for one salary shall be 50% of the full-time salary.	, two or three years, during which their work commitm	nent shall be 50% of the contractual full-time workload and the			
I would like to participate in the program for	:				
One year Two years	Three years Beginning with acader	nic year			
III. Travia Leave Election:					
I elect to take Travia Leave in the spring	semester of my final phasing year				
l elect to take a lump sum payment in li	eu of Travia Leave following completion of my phasing	g period			
, , ,	•	, must equal 50% of the annual contractual full-time workload, i.e. e 50% of the full time salary.			
	kload is distributed over the course of the year, salary will e, when employees will be paid at the rate of 100% of sala	be paid out over the full year in equal biweekly payments (except tha ary.			
Please indicate your option for each year.					
Year 1	Year Two	Year Three			
50% - Fall / 0% Spring	50% - Fall / 0% Spring	50% - Fall / 0% Spring			
0% - Fall / 50 % Spring	0% - Fall / 50 % Spring	0% - Fall / 50 % Spring			
25 % - Fall / 25% Spring	25 % - Fall / 25% Spring	25 % - Fall / 25% 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. To be completed by Human Resources				
	ć i 11	C. H. C. CLINIV		
Date of Birth 15 or r	more years of pensionable, continuou	is, full-time CUNY service		
TIAA-CREF MetLife	Guardian			
Signature		Date		
VII. To be completed by Department Chair	person:			
Briefly describe how the department will cover the applicant's courses and related responsibilities at the college during the phasing period:				
Approved My approval is an indication the responsibilities.	nat the faculty member's proposed wor	kload configuration would not im	pede the department's ability to meet its academic	
Not approved				
Name	Titlo			
Name	Title			
Signature	Date			
VIII. Recommendation of College President	t (including Appeals):			
_	deferred for one year			
Approved Priasing Period	deferred for one year			
Name	Title			
Signature	Date			
IX. Board of Trustees' Action				
Chancellor's University Report Date				