

Pilot Program - Phased Retirement Application for Professional Staff
For Phasing Period beginning academic year 2013-2014

This is a three-year pilot program of Voluntary Phased Retirement for eligible permanent full-time members of the PSC-represented Professional Staff. The program is effective academic years 2013-14 through 2015-16.

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 by June 7, 2013, for those beginning to phase in the Fall 2013 semester; final arrangements are to be in place by June 28. For those wishing to phase beginning with the Spring 2014 semester, applications must be submitted to Human Resources by September 1, 2013, with final arrangements to be in place by November 1, 2013.

I. Personal Data

Name Title Empl ID

Department College

Date of Tenure/CCAS (13.3b)

Date of initial full time appointment to the University

Address Tel.:

City State Zip Code email

II. Phasing Period:

Phasing Period: Applicants may elect to phase for six (6) months or one (1) year 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.

I would like to participate in the program for :

Six months Fall Spring

One year Academic year

III. Travia Leave Election:

- I elect to take Travia Leave after the phasing period
- I elect to take a lump sum payment in lieu of my Travia Leave following completion of my phasing period

IV. 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 workload.
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

V. To be completed by Human Resources

Date of Birth 15 or more years of pensionable, continuous, full time CUNY service

TIAA-CREF MetLife Guardian

Signature Date

VI. To be completed by Supervisor:

Briefly describe how the department will cover the applicants's workload without adversely affecting the area or program during the phasing period:

Approved *My approval is an indication that the employee may perform his/her job on less than a full-time basis during the proposed phasing period without adversely affecting the area or program.*

Not approved

Name Title

Signature Date

VII. Recommendation of Vice President of Administration (for aHEOs/HEAs/HEAs/CLTs and Sr. CLTs only)

Approved Not approved

Name Title

Signature Date

VIII. Recommendation of President or Designee: (for Chief CLT and HEOs only)

Approved Not approved Name Signature

Title 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 Report Date