****

**PHASED RETIREMENT PROGRAM APPLICATION FOR FACULTY AND PROFESSIONAL EMPLOYEES**

**SECTION I.** **PARTICIPATION:**

I am requesting to participate in the Phased Retirement Program effective       (date) beginning of business. My effective date of retirement will be       (date) beginning of business.

**SECTION II. OBLIGATION:**

I select the following reduction in FTE, workload obligation and commensurate salary:

[ ]  50% (benefits eligible) [ ]  less than 50% (benefits ineligible) - The FTE for the duration of this agreement will be      %.

I select the following total obligation period:

 [ ]  1 (One) Year [ ]  2 (Two) Years

**SECTION III. WORK PLAN:**

**[ ]** Proposed work plan outlining workload and work assignment for the duration of the approved phased retirement program is attached. **(Applications submitted without a work plan will not be approved. Attach additional sheets as necessary.)**

**SECTION IV. SIGNATURE:**

By my signature below, if approved to participate, I agree to resign for the purpose of retirement on or before the date identified in Section I above. I understand that I will be issued a contract letter which shall include appointment details and the length of the agreement. I understand that this contract letter is irrevocable except that I can terminate employment earlier than originally anticipated upon mutual consent. My participation in this program will be finalized when I sign the contract letter and return it with an irrevocable letter of resignation for the purpose of retirement.

| Employee Name (PLEASE PRINT): |
| --- |
| Employee Signature: Date:  |

 **SECTION V. HUMAN RESOURCES 1st REVIEW:**

**[ ]** Employee has a minimum of ten (10) years benefits eligible service.

[ ]  Employee qualifies as a member of the New York State and Local Retirement System, New York State Teachers’ Retirement System, or the SUNY Optional Retirement Program (TIAA, VOYA, AIG or Fidelity) and meets the age requirement for pension eligibility.

| Human Resources Signature: Date:  |
| --- |

 **SECTION VI. APPROVALS:**

| Supervisor’s Signature: | Date: |   |
| --- | --- | --- |
| Next Level Supervisor Signature (if applicable): Date: |
| Cabinet-level Administrative Officer/Provost: Date:  |   |
| President: |  Date: |   |

 **SECTION VII. HUMAN RESOURCES 2ND REVIEW:**

[ ]  Upon approval, employee completed a signed phased retirement application that includes an approved work plan.

[ ]  Upon approval, employee signed an irrevocable resignation letter for the purpose of retirement.

| Human Resources Signature: Date:  |
| --- |

 **SECTION VIII. WORK PLAN:**

Effective Dates of Work Plan for Approved Phased Retirement:

Phased Retirement Appointment Begin Date:       (beginning of business)

Phased Retirement Appointment End Date:       (close of business)

| ***FACULTY:*** Develop workload plan in collaboration with your department chair and the office of the provost. Please attach additional sheets as necessary.      |
| --- |
| ***PROFESSIONAL EMPLOYEES:*** Outline workload plan and work schedule in terms of specific duties, responsibilities and objectives to complete by end date of phased retirement program. Please attach additional sheets as necessary.      ­ |