

**Phased Retirement Application for Professional Staff**

**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 no later than November 15 for those beginning to phase the following September 1. Final arrangements are to be in place by February 1 following the submission of the application.**

**Applications must be submitted to Human Resources no later than May 1 for those beginning to phase the following February 1. Final arrangements are to be in place by October 1 following the submission of the application.**

**I. Personal Data**

Name  Title  Empl ID

College  Department

Date of initial full time appointment to the University  Date of Tenure/CCAS (13.3b)

Address  Tel.:

City  State  Zip Code  email

**II. Phasing Period:**

**Phasing Period:** Applicants may elect to phase for six (6) months (September 1 - February 28/29 or February 1-July 31) or one (1) year (September 1 - August 31) 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 commencing September 1,  Year  One Year commencing September 1,  Year

Six months commencing February 1,  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. Human Resources:**

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

TIAA-CREF  MetLife  Guardian

Name  Signature \_\_\_\_\_ Date \_\_\_\_\_

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**VI. Supervisor:**

Briefly describe how the department will cover the applicant'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 \_\_\_\_\_

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

Approved  
 Not approved

Name  Title   
Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Approved  
 Not approved

Name  Title   
Signature \_\_\_\_\_ Date \_\_\_\_\_

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**IX. Decision of the President or Designee on Appeal: (for aHEOs, HEAs, HEAs, CLTs and Sr. CLTs only)**

Approved  
 Not approved

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**X. Board of Trustees' Action**

Chancellor's University Report Date \_\_\_\_\_