

REQUEST FOR ACADEMIC FACULTY PHASED RETIREMENT



Name _____

School/Department/Unit _____

Position Title _____

Department Chair or Dean (if no chair) _____

Proposed Date to Begin Phased Retirement: Fall semester 20_____

Official Retirement Date: ____/____/____ (First date of full retirement)

I understand that during the phased retirement period, my (FTE) will be half of the full time academic obligation or .50 FTE and my salary will be adjusted accordingly.

I further understand that, once signed, this agreement is irrevocable by the employee and the employer, unless employment is terminated earlier than originally expected.

I have been encouraged to seek counsel from UUP, my tax advisors, a retirement system representative, a financial planner, the Social Security Administration and SUNY New Paltz benefits administrators before applying for this program.

I confirm that I have read and understand the details contained in the SUNY New Paltz Phased Retirement Program for Full-Time Academic Faculty and enter into this agreement voluntarily and any questions regarding it have been answered to my satisfaction.

My proposed half-time Teaching obligation for fall is _____ Credit Hours

My proposed half-time Teaching obligation for spring is _____ Credit Hours

My proposed half-time load also includes (check applicable) _____ Service _____ Scholarly/Creative Work

Additional Details/Description OR Defined Half-Time Librarian Obligation (attach document if necessary):

Applicant's Signature

Date

REQUEST FOR TEACHING FACULTY PHASED RETIREMENT (continued)

Employee Name: _____

Note: Justification for denials should be attached

- recommend approval
- recommend denial

Chair's Signature

Date

- recommend approval
- recommend denial

Dean's Signature

Date

- recommend approval
- recommend denial

Provost's Signature

Date

Comments/Limitations:

