

REQUEST FOR MC OR PROFESSIONAL STAFF PHASED RETIREMENT



Name _____

Department/Unit _____

Position Title _____

Department Head _____

Proposed Date to Begin/End Phased Retirement: ____/____/____ through ____/____/____

During this period of phased retirement, my Full-time equivalent (FTE) would be: ____

My agreed-upon general hours of obligation at this reduced FTE will be: _____

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

I understand that during the phased retirement period, my (FTE) will be determined in consultation with my department head 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 or an extension of this plan is agreed upon by both parties.

I have been encouraged to seek counsel from UUP (if applicable), 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 MC and Professional Staff and enter into this agreement voluntarily and any questions regarding it have been answered to my satisfaction.

I understand that a revised performance program will be issued to me within 30 days of the start of the program. However, the following items are expected to be removed from my obligation:

Applicant's Signature

Date

REQUEST FOR MC OR PROFESSIONAL STAFF PHASED RETIREMENT (continued)

Employee Name: _____

Note: Justification for denials should be attached

recommend approval

recommend denial

Department Head Signature

Date

recommend approval

recommend denial

Vice President Signature

Date

Comments/Limitations:

cc: Personnel File