1. **Employee Information (completed by employee)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: |  | | | | | First Name: | |  | |
| Budget Title: |  | | | | | | | | |
| Department: |  | | | | | | | | |
| E-mail: |  | | | | | | Office Phone: | |  |
| Phased Retirement Program Effective Date: | |  | | | Phased Retirement Program End Date: | | | |  |
| Retirement Effective Date (BOB): | |  | (latest date is 2 years after phased retirement effective date) | | | | | | |
| Obligation FTE: | |  | (may not be below .50 FTE) | | | | | | |
| Obligation Period: | | 1 year  2 years | | | | | | | |
| Work Plan:  (see Section E) | Proposed work plan outlining workload and work assignment for the duration of the approved phased retirement program. Applications submitted without a work plan will not be approved. | | | | | | | | |
| By my signature below, if approved to participate, I agree to resign for the purpose of retirement on or before the retirement date identified 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 within 10 working days. | | | | | | | | | |
|  | | | |  | | | |  | |
| Employee Signature | | | |  | | | | Date | |

1. **Human Resources 1st Review**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Employee is full-time UUP or Management Confidential | | |
|  | Employee has a minimum of ten (10) years of benefits eligible service | | |
|  | Employee qualifies as a member of the NYS and Local Retirement System, NYS TRS, or the SUNY Optional Retirement Program (TIAA, VOYA, AIG, or Fidelity) and meets the age requirement for pension eligibility. | | |
|  | |  |  |
| Signature | |  | Date |

1. **Approvals**
2. Supervisor/Department Head/Chair:

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

1. Dean/Director/AVP:

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

1. Provost/VP:

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

1. President:

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

1. **Human Resources 2nd Review**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Phased Retirement application and work plan approved by President. | | |
|  | Employee signed an irrevocable letter of resignation for the purpose of retirement. | | |
|  | |  |  |
| Signature | |  | Date |

Upon approval by the President, the application is returned to Human Resources and next steps are:

1. HR will prepare a contract letter of acceptance for the agreed upon phase retirement plan for the employee’s signature.
2. Employee will sign the above noted contract and return it to HR along with an irrevocable letter of resignation for the purpose of retirement bearing a date coinciding with the cessation of the phased retirement program.
3. HR will distribute copies to: Employee, Supervisor/Department Head/Chair, Dean/Director/AVP, Provost/VP, Human Resources
4. Supervisors of professionals and MC employees will issue an updated performance program within 30 days of the approved start date outlining the reduced obligation to the employee.
5. **Work Plan**

|  |  |
| --- | --- |
|  | Faculty – Develop work plan in collaboration with your Department Chair, Dean, and Provost. Outline specific obligation including specific courses and schedule, subject to change based on operational need. Attach any additional documents as necessary. |
|  |  |

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| --- | --- |
|  | Professional UUP and MC – Outline work plan and work schedule in terms of specific duties, assignments, responsibilities, and objectives to complete by the end of the phased retirement program. Attach any additional documents as necessary. |
|  |  |