

**THE CITY UNIVERSITY OF NEW YORK**  
**Phased Retirement Application for Faculty**

**Eligibility:** Tenured faculty members, including Librarians and Counselors, and Lecturers with a Certificate of Continuous Employment (CCE) 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. *(Faculty members currently serving as Department Chairs or as Executive Officers of a Ph. D. Program must submit their resignation from the position, prior to beginning their phasing period).*

**Instructions:** The applicant completes Sections I, II, III, IV and V of this form and submits it to Human Resources for verification. Human Resources completes Section VI and forwards to the Department Chairperson. The Department Chairperson completes Section VII. The College President completes Section VIII. Human Resources completes Section IX.

**Applications must be submitted to Human Resources no later than November 15 to phase beginning the following academic year.**

**Final arrangements are to be in place by February 1 following submission of the application.**

**I. Personal Data**

Name <input style="width: 200px;" type="text"/>	Title <input style="width: 200px;" type="text"/>	Empl ID <input style="width: 150px;" type="text"/>
College <input style="width: 350px;" type="text"/>	Department <input style="width: 300px;" type="text"/>	
Date of initial full time appointment to the University <input style="width: 150px;" type="text"/>	Date of Tenure/CCE <input style="width: 150px;" type="text"/>	
Address <input style="width: 500px;" type="text"/>		
City <input style="width: 100px;" type="text"/>	State <input style="width: 30px;" type="text"/>	Zip Code <input style="width: 100px;" type="text"/>
Tel.: <input style="width: 100px;" type="text"/>		email <input style="width: 150px;" type="text"/>

**II. Phasing Period:**

**Faculty applicants may elect to phase for one, two or three years, during which their work commitment shall be 50% of the contractual full-time workload and the salary shall be 50% of the full-time salary.**

I would like to participate in the program for: ☐ One year ☐ Two years ☐ Three years Beginning with academic year

**III. Travia Leave Election:**

- ☐ I elect to take Travia Leave in the spring semester of my final phasing year
- ☐ I elect to take a lump sum payment in lieu of Travia Leave following completion of my phasing period

**IV. Proposed Allocation of Workload during the Phasing Period:**

The workload for each year of the phasing period, except for the year in which Travia Leave is taken, must equal 50% of the annual contractual full-time workload, i.e., 50% of the teaching load and 50% of other professional responsibilities, for which the salary shall be 50% of the full time salary.

*Regardless of how the phasing employee's workload is distributed over the course of the year, salary will be paid out over the full year in equal biweekly payments (except that the amount will be different during Travia Leave, when employees will be paid at the rate of 100% of salary).*

**Please indicate your option for each year.**

- |  |  |  |
|--|--|--|
| <p><input type="checkbox"/> <b><u>Year 1</u></b></p> <p><input type="checkbox"/> 50% - Fall / 0% Spring</p> <p><input type="checkbox"/> 0% - Fall / 50 % Spring</p> <p><input type="checkbox"/> 25 % - Fall / 25% Spring</p> <p><input type="checkbox"/> 25 % - Fall / Travia Leave - Spring</p> | <p><input type="checkbox"/> <b><u>Year Two</u></b></p> <p><input type="checkbox"/> 50% - Fall / 0% Spring</p> <p><input type="checkbox"/> 0% - Fall / 50 % Spring</p> <p><input type="checkbox"/> 25 % - Fall / 25% Spring</p> <p><input type="checkbox"/> 25 % - Fall / Travia Leave - Spring</p> | <p><input type="checkbox"/> <b><u>Year Three</u></b></p> <p><input type="checkbox"/> 50% - Fall / 0% Spring</p> <p><input type="checkbox"/> 0% - Fall / 50 % Spring</p> <p><input type="checkbox"/> 25 % - Fall / 25% Spring</p> <p><input type="checkbox"/> 25 % - Fall / Travia Leave - Spring</p> |
|--|--|--|

**V. 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 assignment, except that if I elect a 50% workload in a given semester, I am subject to the Multiple Position Policy for that semester and must submit a Multiple Position Report for that semester. I also understand that I am subject to paragraphs 2.I i, 2. I iii, 2. I iv and 2. I v of the Multiple Position Policy throughout the phasing period.
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 \_\_\_\_\_

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**VI. 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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**VII. Department Chairperson:**

**Briefly describe how the department will cover the applicant's courses and related responsibilities at the college during the phasing period:**

☐ Approved *My approval is an indication that the faculty member's proposed workload configuration would not impede the department's ability to meet its academic responsibilities.*

☐ Not approved

Name  Title

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

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**VIII. Recommendation of College President (including Appeals):**

- ☐ Approved
- ☐ Phasing Period deferred for one year

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

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**IX. Board of Trustees' Action**

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