

Return this form to:
HR Service Center
hrservic@syr.edu
Phone 315.443.4042 Fax 315.443.1063
Skytop Office Bldg., Suite 101, Syracuse, NY 13244

Faculty qualify for the Syracuse University Voluntary Phased Retirement Program who are tenured, at least age 55 and have served at least 10 years as full-time faculty members at SU as of the time the phase-down begins. Complete this form and return it to HR with the required signatures and attachments by the application deadline.

**Application Deadlines: October 15 for phase downs beginning the following fall semester.
February 15 for phase downs beginning the following spring semester.**

Name: _____ Date: _____
Academic Department: _____ School/College: _____

If accepted into this program, I agree to the following work and salary levels for one to three academic years:

Semester 20_____ : _____ %	Semester 20_____ : _____ %
Semester 20_____ : _____ %	Semester 20_____ : _____ %
Semester 20_____ : _____ %	Semester 20_____ : _____ %

with retirement from SU at the end of this semester.

By my signature below, I certify that:

1. I voluntarily seek to participate in the Phased Retirement Program. I have read its full description and I understand its provisions.
2. I have consulted with my immediate academic supervisor (program or department chair/dean) regarding this application and the work expectations indicated above.
3. I have consulted with the Phased Retirement Coordinator in the Office of Human Resources. I understand that I will be eligible for all applicable benefits plans. I understand that special provisions will be required for TIAA and/or medical benefits. These provisions are spelled out in a separate document, attached.
4. If accepted into this program I hereby resign my tenured faculty position and retire from Syracuse University effective at the conclusion of the _____ semester, 20____. I understand that this resignation is irrevocable, and I may resign sooner but I may not delay it. I further understand that this agreement supersedes any other agreement or understanding between myself and the University regarding the date and terms of resignation of my faculty position.

Faculty Member's Signature _____ Date _____

I concur with the attached description of the applicant's work responsibility:

Dean Signature _____ Date _____

The following signatures represent concurrence with the above terms of this proposal:

Phased Retirement Coordinator Signature _____ Date _____

Vice Chancellor/Provost Signature _____ Date _____