



Faculty Transition to Retirement Program

Application and Election Form

Pursuant to New Jersey law and regulation, and the University's collective negotiations agreements with AAUP-AFT and AAUP-BHSNJ, the Faculty Transition to Retirement Program (FTTRP) is a voluntary initiative to transition Rutgers faculty members into retirement, while continuing to provide the excellent education that has become a hallmark of Rutgers, the State University of New Jersey ("Rutgers"). In order to participate in this program, faculty members must meet certain eligibility criteria:

- Eligible faculty members must be full-time tenured faculty members; and
- Eligible faculty members must be enrolled in the Alternate Benefit Program (ABP); and
- Eligible faculty members must be at least 59½ years of age as of June 30 of the year in which the application is made; and
- Eligible faculty members must have at least 10 years of service at Rutgers (inclusive of service at UMDNJ) on June 30 of the year in which the application is made. For the purposes of determining eligibility, service in both full semesters of the academic year shall constitute one year of service.

INSTRUCTIONS TO APPLICANT: Complete section I, then submit this form to your Chair for completion of Section II. After sections I and II have been completed, submit this form to your Dean no later than 4:30 PM on April 1 of the year in which the application is made. Please note that an application must be approved by the Department Chair, Dean, Office of the Executive Vice President for Academic Affairs, and University Human Resources before a faculty member is able to participate in this program.

SECTION I (To be completed by the faculty member)

Employee's Name: _____ **NetID:** _____

Title: _____

Campus/Department/School: _____

Date of Birth: _____ **Date of Hire at Rutgers:** _____

Home Address: _____

E-Mail: _____ **Phone:** _____

Tenure: Yes No



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Unit Affiliation: AAUP-AFT AAUP-BHSNJ NONE

Academic Year(s) for which I am applying to participate in FTTRP: _____

Proposed Load to be Worked While on FTTRP: _____ %

Brief Description of Proposed Job Responsibilities to be Worked While on FTTRP:

I hereby apply to participate in the FTTRP starting on July 1, 20____ (“Effective Date”). I certify that, to the best of my knowledge, I meet the above listed criteria to participate in the FTTRP. I acknowledge that I have not received any incentive to retire or apply for or participate in FTTRP. In addition, I: 1) am officially retiring from Rutgers University effective on the Effective Date; and 2) agree to (a) submit promptly to University Human Resources a completed Application for Retirement Allowance form, (b) relinquish my tenure effective on the Effective Date, and (c) sign and tender to the Office of the Executive Vice President for Academic Affairs via file uploader at <https://tinyurl.com/21-22-Separation-Agreement> within four business days after the Effective Date, a signed and dated Separation Agreement and General Release.

EMPLOYEE SIGNATURE: _____ DATE: _____

PLEASE NOTE – If the application is approved by the Department Chair, Dean and the Office of the Executive Vice President for Academic Affairs, years of service at Rutgers and participation in the ABP retirement system shall be independently verified by Rutgers University Human Resources (UHR). If it is determined that a faculty member does not have appropriate service credit to be eligible to participate in the FTTRP, the faculty member shall be contacted by UHR, and may apply in subsequent years once eligibility criteria have been met.

SECTION II (To be completed by the Department Chair)

INSTRUCTIONS TO CHAIR: Please review Section I above, including the brief description of proposed job responsibilities to be performed during the period of FTTRP. Please then complete the below sections to indicate your approval of the Application, and return this Application to the applicant.

Applicant’s final full-time faculty load (% FTE): _____



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Brief Description of Applicant's final full-time faculty job responsibilities:

Applicant's Final Year Academic Base Salary: \$ _____

Academic Year(s) Approved for Participation in FTTRP: _____

Salary to be Paid in FTTRP: \$ _____

Load to be Worked While on FTTRP (% FTE): _____

DEPT. CHAIR SIGNATURE: _____ DATE: _____

DEPT. CHAIR NAME: _____ PHONE: _____

SECTION III (To be completed by the Dean)

INSTRUCTIONS TO DEAN'S OFFICE: Please complete this section and submit this form to the Office of the Executive Vice President for Academic Affairs via file uploader at <https://tinyurl.com/21-22-Application>.

Dean's Name: _____ Approved Not Approved

Dean's Signature: _____

Date: _____



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SECTION IV (To be completed by Office of the Executive Vice President for Academic Affairs)

Subject to verification of years of service at Rutgers and years of pensionable service in the ABP retirement plan by University Human Resources, the application _____ **IS** _____ **IS NOT** consistent with the parameters of the FTTRP.

Print Name: _____

Signature: _____

Date: _____

SECTION V (To be completed by University Human Resources)

_____ Years of service at Rutgers

_____ Faculty member is enrolled in the ABP retirement system

_____ Faculty member has filed an ABP Application for Retirement Allowance form

Print Name: _____

Signature: _____

Date: _____