



## Faculty Transition to Retirement Program

### Extension Application

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"). Eligible faculty may participate in FTTRP for a total of three years, inclusive of an original term plus any contiguous extension.

Faculty who are currently participating in FTTRP and who seek to extend the duration of their participation must complete and submit this Extension Application as directed herein.

**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, the Office of the Executive Vice President for Academic Affairs, and University Human Resources before a faculty member may extend the duration of their participation in this program.

#### **SECTION I (To be completed by the faculty member)**

**Employee's Name:** \_\_\_\_\_ **NetID:** \_\_\_\_\_

**Campus/Department/School:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Initial Date of Entry into FTTRP:** July 1, 20\_\_\_\_

**Current Term of Re-employment Pursuant to Initial Date of Entry Into FTTRP:** July 1, 20\_\_\_\_ - June 30, 20\_\_\_\_

**Proposed Term of Extension:** July 1, 20\_\_\_\_ - June 30, 20\_\_\_\_

**Proposed Load to be Worked During Term of Extension:** \_\_\_\_\_ % FTE

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

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I hereby apply to extend my participation in FTTRP, which started on July 1, 20\_\_\_\_ (“Effective Date”). I certify that an extension of my participation in FTTRP has not been offered or provided as an incentive to retire. I agree that if this Extension Application is approved, I will 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 Agreement and General Release.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

#### **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 proposed extension period. Please then complete the below sections to indicate your approval of the Extension Application and return this Extension Application to the applicant.

Load To Be Worked During Term of Extension (% FTE): \_\_\_\_\_

Applicant’s **Current** Load (%FTE): \_\_\_\_\_

Applicant’s **Current** Base Salary: \$ \_\_\_\_\_

Academic Year(s) Approved for Extension of Participation in FTTRP: July 1, 20\_\_\_\_ - June 30, 20\_\_\_\_

Salary to be Paid During Term of Extension (if different due to change in % of FTE) : \$ \_\_\_\_\_

DEPT. CHAIR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPT. CHAIR NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_



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#### **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: \_\_\_\_\_

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

The Extension 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 previously filed an ABP Application for Retirement Allowance form

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_