



## 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 55 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.

**PLEASE COMPLETE THE FOLLOWING, sign and date this Application and Election Form and submit it to the Department Chair no later than April 1 of the year in which the application is made. NOTE THAT EACH APPLICATION FOR THE FTTRP MUST BE APPROVED BY THE DEPARTMENT CHAIR, DEAN, ACADEMIC LABOR RELATIONS AND UNIVERSITY HUMAN RESOURCES BEFORE AN EMPLOYEE IS ABLE TO PARTICIPATE IN THIS PROGRAM.**

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

**Title:** \_\_\_\_\_ **Employee ID:** \_\_\_\_\_

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

**Date of Birth:** \_\_\_\_\_ **Date of Hire at Rutgers:** \_\_\_\_\_

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

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

**Tenure:**             Yes             No

**Unit Affiliation:**     AAUP-AFT     AAUP-BHSNJ     NONE

Academic Year(s) for which I am applying to participate in FTTRP (number of years subject to departmental and decanal approval and applicable statute and regulations): \_\_\_\_\_

I hereby apply to participate in the FTTRP starting on July 1, 2\_\_\_\_ ("Effective Date"). I certify that, to the best of my knowledge, I meet the above listed criteria to participate in the FTTRP. In addition, I am officially retiring from Rutgers University effective on the Effective Date, 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



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to the Office of Academic Labor Relations, 178 Ryders Lane, Suite 310, New Brunswick, NJ 08901-8556, within four business days after the Effective Date a completed, signed and dated Agreement and General Release form.

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

**PLEASE NOTE** – If the application is approved by the Department Chair, Dean and the Office of Academic Labor Relations, 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.

**To be completed by the Department Chair:**

Applicant's final full-time faculty load (% FTE): \_\_\_\_\_

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

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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): \_\_\_\_\_

Brief Description of Applicant's job responsibilities while on FTTRP:

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

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



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**To be completed by the Dean:**

Dean's Name: \_\_\_\_\_

Approved

Not Approved

Dean's Signature: \_\_\_\_\_

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

Upon approval by the Dean, submit this form for final approval to the Office of Academic Labor Relations ([oyalr@oq.rutgers.edu](mailto:oyalr@oq.rutgers.edu) or 178 Ryders Lane, Suite 310, New Brunswick, NJ 08901-8556).

**To be completed by Academic Labor Relations:**

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 consistent or \_\_\_\_\_ is not consistent with the parameters of the FTTRP.

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

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

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

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

Copies of the completed form should be returned to the employee, Department Chair, Dean and University Human Resources.