



APPLICATION FOR RETIREMENT LEAVE OF ABSENCE (TRAVIA)

College []

PSC-CUNY AGREEMENT SECTION 16.4: Persons who are member of a public retirement system and who meet the eligibility requirements for service retirement, and persons who are members of the optional retirement program and who meet similar eligibility requirements to those of the public retirement system, who announce their bona fide intention to retire and file the appropriate application to retire shall be granted a retirement leave of absence with full pay consisting of one-half of their accumulated unused temporary disability leave up to a maximum of one semester, or the equivalent of school days. The terms and conditions relating to the counting of such days, intervening vacation periods, cancellation of such leave, reinstatement to active service, etc., shall be governed by Section 3107 of the State Education Law.

You must file retirement papers directly with the retirement provider in order to receive your retirement benefit. Any delay will result in a delay in receipt of your first retirement check and could result in a delay in your access to retiree health benefit (if eligible).

ERS - you must file within 30-90 days; TIAA-CREF and TRS - you must file at least one day before the effective date.

Prior to submitting the form to your supervisor, please meet with the College Benefits Officer to discuss relevant retirement information. Please ensure that you have submitted your latest time sheet. Any temporary disability leave taken after the submission of the form must be reported promptly to the Office of Human Resources.

Name [] Empl. ID [] Date of birth []
Title [] Department []

Retirement System: [] BERS [] NYCERS [] TRS [] TIAA-CREF [] OTHER Retirement System # []

Type of Retirement: [] Service [] Disability

I hereby apply for a retirement leave of absence starting: Date []

The probable date of retirement is Date []

[] I filed my retirement papers with the appropriate retirement system on Date [] Attach copy of the acknowledgement receipt
[] I intend to file my retirement papers with the appropriate retirement system on Date []

- CUNY is authorized, if necessary, to determine from the retirement system my eligibility to retire.
- The retirement system will consider the period of my retirement leave as active service for retirement purposes.
- I understand that any temporary disability leave taken before the date of approval of the retirement leave and the starting date of the leave may reduce the length of retirement leave.
- If I have 160 days of accrued temporary disability leave as teaching instructional staff, I am eligible for travia leave equal to one semester.
- If I have 160 days of accrued temporary disability leave as non-teaching instructional staff, including ECP, I am eligible for travia leave equal to five (5) months.
- If I have less than 160 days of accrued temporary disability leave, my retirement leave dates will be calculated as half of the number of accrued days.
- Any temporary disability leave donated to the Dedicated Sick Leave and Catastrophic Leave programs may reduce the number of days calculated for Travia Leave.
- If I am a member of the non-teaching instructional staff, I will have to use my accrued annual leave days before I begin my retirement leave. Specific dates of annual leave and retirement leave must be discussed with the Benefits Officer / Director of Human Resources.
- I have the option to return to full-time service the day after my retirement leave ends. For teaching instructional staff, it must conform to the first day of the semester.
- For teaching instructional staff, retirement leave counts towards service after a paid academic leave (Fellowship/Scholar Incentive Award).
- If otherwise eligible, I may apply for Social Security at the beginning of my retirement leave.

Signature _____ Date _____

Department Chairperson or Unit Head Approval

[] I am aware of the proposed retirement leave of absence. I will report any temporary disability leave taken before the beginning of the leave promptly to the Office of Human Resources.

Name [] Signature _____ Date _____

Authorized Signatory (as designated by campus/unit)

Name [] Signature _____ Date _____

Authorized Signatory (as designated by campus/unit)

Name [] Signature _____ Date _____