Notification of Retirement
Full-time Employees

Employee Name __________________________ ID Number @ __________________________

Department from which you are retiring __________________________

I plan to work at FIT on a part-time basis after I retire: ☐ YES ☐ NO

Completion Instructions
1. Complete Section I or Section II (as applicable), sign and date Section III. Section IV should be completed by full-time faculty only.
2. Have your department head/department chairperson/Dean (as applicable) sign and date Section III.
3. Make two photocopies; keep one for your records and provide one to your department head/department chairperson/or Dean (as applicable).
4. Scan and email the completed form to luminita_ganshaw@fitnyc.edu or you may return it to Luminita Ganshaw, Office of Human Resources, 333 7th Ave., 16th Floor.

Section I: Regular Retirement
I am voluntarily retiring (complete either A or B):

A. Classroom Faculty: At the end of the: Spring semester _________ Fall semester ___________

B. Staff, Non-Classroom Faculty, Classroom Assistants, or Administrative Employees
I will retire on ____/____/____. I understand that I will receive a lump-sum payment of my unused accrued vacation leave (as applicable) and/or unused accrued sick days, to the allowable amount, upon retiring.

Section II: Request for Travia Leave Followed by Retirement
I will take Travia Leave and then voluntarily retire (complete either A or B):

A. Classroom Faculty
My last teaching semester will be: Spring semester _________ Fall semester ___________

In lieu of receiving a lump-sum payment of my accrued unused sick days upon retirement (to the allowable amount), I request to use my accrued unused sick day, in the form of Travia Leave beginning on _____/_____/_____.

B. Staff, Non-Classroom Faculty, Classroom Assistants, or Administrative Employees
My last day of work will be _____/_____/_____. In lieu of receiving a lump-sum payment of my accrued unused sick days upon retirement, I request to use my accrued unused sick days, to the allowable amount, in the form of Travia Leave which will begin on _______/_____/_____.

Section III: Required Signatures

Employee __________________________ (Signature) Date____________________

Chairperson/Department Head/Dean __________________________ (Signature) Date____________________

Chairperson/Department Head/Dean (Print Name) __________________________

Section IV: Full-time Classroom Faculty Only

1. Select one: ☐ I was a Fall semester full-time hire ☐ I was a Spring semester full-time hire
2. Select one: ☐ I owe the college time ☐ The college owes me time ☐ No time owed