



PART-TIME EMPLOYEES RETIREMENT NOTIFICATION FORM

This form should be completed if you want to begin receiving pension/retirement benefits from your FIT approved pension or retirement plan and to determine if you are eligible for a terminal sick-bank payment as stated in section 34.1.2 of the collective bargaining agreement between FIT and the UCE of FIT. This form should be returned at least 30 days before you want to commence receiving pension and/or retirement plan benefits.

Your completed form may be returned:

- Via email: luminita_ganshaw@fitnyc.edu
By interoffice mail or in-person: FIT Human Resources, Attn: Luminita Ganshaw, 333 7th Avenue, 16th Floor
By mail: FIT Human Resources, Attn: Luminita Ganshaw, 333 7th Avenue, 16th Floor, New York, NY 10001

I, (Print Name), FIT ID @, will voluntarily retire from (Department) on (First day after your last day worked).

I have notified (Supervisor/Chairperson/Senior Administrator) of my intention to retire.

Check applicable box(es):

- I am a participant in the New York State Teachers' Retirement System (NYSTRS)
I am a participant in the SUNY 403(b) Voluntary Savings Plan or the New York State Deferred Compensation 457(b) Plan
I plan to return to work on a part-time basis

Required Signatures:

Employee: Date

Supervisor/Chairperson/Senior Administrator: Date