

Farmingdale State College

STATE UNIVERSITY OF NEW YORK

PHASED RETIREMENT PROGRAM EMPLOYEE ACKNOWLEDGEMENT FORM

NAME OF EMPLOYEE:

Period on Phased Retirement Program: _____ to _____

EMPLOYEE ACKNOWLEDGEMENT

By signing below, I am indicating that I am voluntarily resigning from my current position in order to be appointed to a non-renewable, limited-term appointment. I am agreeing to reduce my hours and pay, and to accept this appointment specifically so that I can participate in the Farmingdale State College Phased Retirement Program and receive the benefits of that program.

In exchange for receiving the benefits of the Phased Retirement Program, I am agreeing that I will retire from Farmingdale State College on or before the expiration of this agreement.

Position Description:

DATE:

SIGNATURE OF EMPLOYEE

Farmingdale State College

STATE UNIVERSITY OF NEW YORK

Date:

Dear President Prezant:

Please be advised that I hereby tender my irrevocable resignation for purposes of retirement,
at Farmingdale State College, effective close of business

Sincerely,