

CCRI

FACULTY PHASED RETIREMENT APPLICATION

Part I: To be completed by applicant

Name: _____

CCRI ID: _____

Department: _____

Date of Hire: _____

Date of Birth: _____

Effective Date: _____

Are you a Department Chairperson?

Yes

No

Are you a Program Director?

Yes

No

I want a half-time teaching assignment
both semesters of the academic year:

Yes

No

I want a full time teaching assignment
one semester and no teaching assign-
ment one semester:

Yes

No

During which semester do you
NOT want a teaching assignment?

Fall

Spring

What is your usual course
load for that semester?

Contact Hrs:

Credit Hrs:

Please indicate how you plan to stay abreast of current developments in your academic field.

Signature: _____

Date: _____

NOTE: The decision to participate in the Phased Retirement Program is irrevocable. By voluntarily participating in this Program, the applicant commits him/herself to retire, at the latest, at the end of the fiscal year in which he/she has turned 65 (Sixty-five) years of age.

Part II: To be completed by Department Chairperson

Please indicate how the applicant's course load, and other responsibilities, if applicable, will be covered.

Please state your recommendation and your reasons for it.

Signature: _____ Date: _____

Part III: To be completed by the Phased Retirement Program Committee

Committee Recommendation: Approve:___ Disapprove:___

Support:

For the Committee: _____ Date: _____

Part IV: Decision of President or Designee

Participation in the Phased Retirement Program is: Approved:___ Disapproved: ___

Signature: _____ Date: _____

**Waiver of Claims Under the
Age Discrimination in Employment Act
29 U.S.C. Section 621 et seq.**

This waiver is entered into by the undersigned for the purpose of waiving any and all rights or claims the undersigned may have under the Age Discrimination in Employment Act related to my participation in a Phased Retirement Program and the undersigned's commitment and obligation to retire from employment no later than age 65 as part of said Phased Retirement Program which is appended hereto as Exhibit 1.

_____ Represents and affirms that I choose voluntarily and willingly to participate in the said Phased Retirement Program and that I voluntarily choose and desire to retire completely from employment from the Community College of Rhode Island no later than age 65 in accordance with said program. I recognize and agree that participation in said program is on a purely voluntary basis and that I am no obligated in any way to participate in said program. I further recognize and acknowledge that it is my choice to retire no later than the age 65, and that I choose to do so attendant to my participation in said program. I further acknowledge that my participation in said program is subject to approval of the administration as described in said program.

As to my execution of this waiver, I do so knowingly and voluntarily. I understand that I am not waiving rights or claims that may arise after the date that this waiver is executed.

I understand that I am waiving rights and claims in exchange for the consideration of being approved by the administration for participation in said Phased Retirement Program and for the benefits thereof, and pursuant to the request of the administration that this waiver be executed attendant to said participation.

I acknowledge that I am advised hereby to consult with my attorney prior to executing this agreement and that I have a period of forty-five (45) days within which to consider executing this agreement. I further acknowledge that I have a period of seven (7) days following my execution of this agreement during which I may revoke this agreement and that the agreement shall not become affective or enforceable until the revocation period has expired.

I further acknowledge that I have read and am familiar with the Phased Retirement Program as described in the attached Exhibit 1. In accordance with the foregoing, I hereby knowingly and voluntarily execute the following waiver.

For and in consideration of the approval of the Board of Governors for Higher Education acting through the Community College of Rhode Island of my application to participate in said Phased Retirement Program as set forth in Exhibit 1, I hereby remise, release, and quit claim unto and forever discharge the State of Rhode Island, the Board of Governors for Higher Education, its members, officers, agents, representatives, servants, employees, successors and/or assigns of and from any and all claims, actions, causes of action, complaints, suits, rights, judgments and demands whatsoever, which I ever had, now have, or may have as of the date of this release and waiver under the Age Discrimination in Employment Act, 27 U.S.C. Section 621 et seq. Arising from or in any way relating to my participation in said Phased Retirement Program and or the requirement of said program, and the commitment I have made to retire from employment no later than age 65. This waiver and release also applies to any other state or federal legislation which corresponds to or addresses the subject matter, rights, or responsibilities addressed in the Age Discrimination in Employment Act, 27 U.S.C. Section 621 et seq., including R.I.G.L. Chapter 28-5. I have read and understand the provisions of this waiver and I am voluntarily executing this release and waiver.

In witness, whereof, I have signed and executed the foregoing general release, this _____ day of _____, _____.

Executed in the presence of _____.

Signature

Date