



Faculty Transition to Retirement Program Application and Election Form

Pursuant to New Jersey law and regulation, the Faculty Transition to Retirement Program (FTTRP) is a voluntary initiative to transition Atlantic Cape Community College faculty members into retirement, while continuing to provide the excellent education that has become a hallmark of Atlantic Cape Community College. In order to participate in this program, faculty members must meet certain eligibility criteria:

- Eligible faculty members must be full-time tenured faculty members; and
- Eligible faculty members must be enrolled in the Alternate Benefit Program (ABP); and
- Eligible faculty members must be at least 55 years of age as of June 30 of the year in which the application is made; and
- Eligible faculty members must have at least 10 years of service at Atlantic Cape Community College on June 30 of the year in which the application is made. For the purposes of determining eligibility, service in both full semesters of the academic year shall constitute one year of service.

PLEASE COMPLETE THE FOLLOWING

Sign and date this Application and Election Form and submit it to the President no later than **April 1** of the year in which the application is made.

Employee's Name: _____

Rank/Title: _____

Department: _____

Date of Birth: _____

Date of Hire (Full-time) at Atlantic Cape Community College: _____

Home Address: _____

E-Mail: _____

Phone: (Home) _____ (Cell) _____

Tenure: Yes No

Academic Year for which I am applying to participate in FTTRP: _____

I hereby apply to participate in the FTTRP starting on July 1, 2____ (“Effective Date”). I certify that, to the best of my knowledge, I meet the above listed criteria to participate in the FTTRP. In addition, I am officially retiring from Atlantic Cape Community College effective on the Effective Date and applying for re-employment under the terms of the FTTRP.

I agree to

- (a) promptly submit to Human Resources a completed Application for Retirement Allowance form;
- (b) relinquish my tenure effective on the Effective Date; and
- (c) sign and tender to the Human Resources office a General Release form.

EMPLOYEE SIGNATURE: _____ DATE: _____

PLEASE NOTE – If the application is approved by the President, years of service at Atlantic Cape Community College and participation in the ABP retirement system shall be independently verified by Atlantic Cape Community College Human Resources department. If it is determined that a faculty member does not have appropriate service credit to be eligible to participate in the FTTRP, the faculty member shall be contacted by Human Resources, and may apply in subsequent years, once eligibility criteria have been met.



FTTRP Application and Election Review Form

Faculty Member's Name: _____

To be completed by Human Resources:

Applicant's Final Full-time Position: _____

Applicant's Final Full-time Faculty Load: _____

Applicant's Final Year Academic Base Salary: \$ _____

Years of Service at Atlantic Cape Community College (as of June 30) _____

Applicant is a tenured faculty member of Atlantic Cape: Yes No

Faculty member is enrolled in the ABP retirement system Yes No

Faculty member has met the age requirement for FTTRP Yes No

Faculty member has filed an ABP Application for Retirement Allowance form Yes No

Based on above the verification of years of service at Atlantic Cape Community College, tenure status, age and pensionable service in the ABP retirement plan by Human Resources, the application _____ is consistent or _____ is not consistent with the parameters of the FTTRP.

Confirmation of Eligibility

- Confirmed
- Not Confirmed – Reason _____
- Pending – Reason _____

Human Resources Signature: _____ **Date:** _____

Human Resources Name: _____ **Phone:** _____

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Faculty Member's Name: _____

To be completed by the President:

Load to be Worked While on FTTRP (% FTE): _____

Salary to be Paid in FTTRP: \$ _____

Brief Description of Applicant's Job Responsibilities While on FTTRP:

Academic Year Approved for Participation in FTTRP: _____

Participation in FTTRP

- Approved
- Not Approved

President's Signature: _____

President's Name: _____ **Date:** _____

Copies of the completed form should be returned to the employee and Human Resources.