



PART-TIME EMPLOYEES RETIREMENT NOTIFICATION FORM

This forms 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 Office of Human Resource Management and Labor Relations
333 7th Avenue, 16th Floor
- **By mail:** Luminita Ganshaw
FIT Office of Human Resource Management and Labor Relations
333 7th Avenue, 16th Floor
New York, NY 10001

I, _____, FIT ID @_____, will voluntarily retire
(Print Name)

from _____ at the Fashion Institute of Technology on _____.
(Department) (Date)

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

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 _____