## UNIVERSITY OF NORTH CAROLINA PHASED RETIREMENT APPLICATION AND REEMPLOYMENT AGREEMENT

## EMPLOYEE NAME:

EFFECTIVE DATE OF RESIGNATION: \_\_\_\_\_ DATE REEMPLOYED: \_\_\_\_\_

REEMPLOYMENT OBLIGATION FROM \_\_\_\_\_ TO \_\_\_\_\_

**INSTITUTION: Winston-Salem State University** 

## DEPARTMENT:

AGE: \_\_\_\_\_ YEARS OF SERVICE: \_\_\_\_\_ RETIREMENT PLAN: \_\_\_\_\_

To participate in the University of North Carolina Phased Retirement Program (the "Program"), I understand that I hereby voluntarily resign my full-time employment with the University of North Carolina ("UNC")/ <u>Winston-Salem State University</u>, give up my tenured status, and accept a half-time, non-tenured phased retirement position. I further understand that I may elect to start receiving the benefits I have accrued under either the Teachers' and State Employees' Retirement System ("TSERS") or the Optional Retirement Plan ("ORP"), but am not required to do so. Furthermore, all retirement benefits for which I am eligible shall be determined in accordance with the applicable Plan. I understand and acknowledge that my decision to participate in this Program is voluntary and irreversible.

I may also participate in all state or institutional employee benefit programs for which I am eligible as a half-time employee or retiree. (For applicable benefits, please contact the University Benefits Manager in Human Resources-Eller Hall Room # 103; or 336 750-2830).

During my phased retirement, I will continue to be subject to performance reviews as before. I also understand that I will remain subject to The Code and Policies of the University of North Carolina and **Winston-Salem State University**. In addition, without expressly or constructively terminating this Agreement, **Winston-Salem State University** may place me on temporary leave with pay and/or reassign my duties during or as a result of any

investigation or disciplinary action involving **Winston-Salem State University** Such authority shall be invoked only in exceptional circumstances when my department or division head determines that such action is in the best interest of **Winston-Salem State University** Further, nothing in the Program, its guidelines or this Agreement shall in any way be interpreted to provide me with greater rights, claims or privileges against **Winston-Salem State University** and/or The University of North Carolina regarding continued employment than otherwise provided in The Code and Policies of the University of North Carolina and **Winston-Salem State University**.

The specific duties which I shall perform under this Agreement are as follows:

I also understand that, in order to be eligible to participate in the Program, I must:

- Be a full-time tenured faculty member;
- Have at least five years of full-time service at the constituent institution of the University of North Carolina at which I am currently employed;
- Be age 62 or older if a member of "TSERS" or 59 <sup>1</sup>/<sub>2</sub> or older if a participant in the "ORP";
- Be eligible to receive retirement benefits through either TSERS or the ORP, as applicable;
- Vacate any full-time administrative or staff positions that I occupy, if any;
- Have this Application and Agreement approved and signed by the Chief Academic Officer of **Winston-Salem State University** following (a) evaluation of the conditions referenced in the Program Summary enclosed with this Agreement and UNC Policy 300.7.2, and (b) if such conditions are met as determined by such officer, the development of a "work plan" to be mutually agreed upon between **Winston-Salem State University** and me and incorporated as part of this Agreement; and
- Execute and not revoke this Agreement and the General Release attached to it.

At the conclusion of the **two**-year phased retirement employment period, neither **Winston-Salem State University** nor the University of North Carolina has any obligation to offer me additional employment.

This Agreement may be terminated at any time Date upon the mutual written agreement of the parties. Signed

Modified 2.25.13

Eligible Faculty Member	
Signed	Date
Department Head	
Signed	Date
Dean of School	
Signed	Date
Chief Academic Officer	