

The City University of New York

Request for Approval of Waiver under Section 211 of Retirement and Social Security Law

Application For (Name of Retiree):	
College or Unit:	

CUNY Employment Information			
Title:		Department:	
Functional Title:		Proposed Salary:	
Proposed Start Date:		Proposed End Date:	
Retiree Information			
Date of Birth:		Retiree SSN: (last four digits only)	
Home Mailing Address:			
Retirement System:		Retirement Date:	
Agency Retired From:		Other Agencies Worked within 2 years of retirement:	
Title Retired From:			
	CUNY Retiree?	Previous Public Employment Since Retirement?	
	If "Yes" Complete Supplemental Information Section(s) on next page		

Certifying Signatures - College

We certify the statements made here are correct to the best of our knowledge. We also certify 1) that the College has an urgent need to fill the position on a non-permanent basis as a result of an unplanned or unexpected vacancy, or that the College conducted a search that conforms to standard University Policy and additional requirements for a Section 211 waiver and that as a result of the search, there was no non-retiree who was qualified and available to take the position, 2) that the retiree meets the stated requirements for the position, 3) that the College has a need for the retiree's services and that this employment action is in the best interests of the government service and, 4) that the retiree has not been employed in a similar or same position as that from which he/she retired for a period of one year following retirement.

College President or Designee:		Date:	
Human Resources Director or Designee:		Date:	

Certifying Signature - Retiree

I certify the statements made here are correct to the best of my knowledge. I understand that failure to obtain approval of this waiver may adversely affect my pension benefits and that I may be liable for repayment of such benefits to the appropriate pension system. I understand that an approval is valid for a maximum of two years. I also certify that I am not receiving a disability pension (which would disqualify me for a waiver).

Retiree:		Date:	
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Certifying Signature - Office of Human Resources Management

Approved Dates of Waiver:		Maximum Salary:	
Sr. University Director, HRO/ Vice Chancellor, HRM		Date:	

Certification of Approval by the Board of Trustees

Board Report Date:		Report Page:	
Secretary of the Board or Designee:		Date:	

Supplemental Information			
For Employees with Public Employment since Retirement (including CUNY Employment)			
Employed By:		Employment Dates:	
Title:		Salary:	
Number of Previous 211 Approvals from CUNY:		Employment Dates:	
For CUNY Retirees Only			
Computation of Maximum Earnings Limitation			
Maximum Earnings Limitation is the greater of (A) or (B) <u>minus</u> retirement payments (C) + (D)			
A-Final Salary:		B-Final Average Salary:	
C-Retirement Allowance without Option:		D- Supplemental Retirement Payment	
Maximum Earnings Limitation:			
Other Comments Regarding This Application			

Checklist of Required Materials

Enclosed	Item
<input type="checkbox"/>	Cover Letter
<input type="checkbox"/>	Application Form
<input type="checkbox"/>	Position Vacancy Notice (PVN)
<input type="checkbox"/>	Affirmative Action Recruitment Plan (list advertising sources) and Certification
<input type="checkbox"/>	Copies of External Advertisements for the Position
<input type="checkbox"/>	Resume or CV of Retiree (to establish they meet minimum requirements)
<input type="checkbox"/>	Search plan to fill position on a permanent basis
<input type="checkbox"/>	Other Relevant Documents if needed (list)