

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			
<p>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.</p>			
College President or Designee:		Date:	
Human Resources Director or Designee:		Date:	

Certifying Signature - Retiree			
<p>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).</p>			
Retiree:		Date:	

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)