

**TO:**

**FROM:**

**DATE:**

**SUBJECT: Retirement Transition Program**

This memo will serve as my official request to begin participation in the Institute's Retirement Transition Program as outlined in the Institute Policies and Procedures Manual. I have read the current policy and understand the requirements of the program.

I understand the maximum duration of the program is three years and that at the end of the three-year period or sooner, I will retire from my position at RIT. If my employment category is that of a faculty member, I understand that upon my retirement, I will no longer retain tenure.

Effective Date of Program \_\_\_\_\_

**Signatures**

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Benefits Manager Verification

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager's Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/Vice President's Approval

\_\_\_\_\_  
Date