CU NY The City University of New York

RETIREE E-MAIL - FORM

College [   ]

At the June 2015 Board meeting, an amendment to the CUNY Policy on Acceptable Use of Computer Resources was approved that allows teaching faculty and librarians the option to retain their current CUNY e-mail address upon retirement. *Faculty counselors also have the option to retain their current CUNY e-mail address upon retirement.*

Employees, such as those in the Executive Compensation Plan and non-teaching instructional staff titles such as Higher Education Officer series, College Laboratory Technician series, Research Associates and Research Assistants will be given a one-time option at the time of retirement (during the off-boarding/exit interview process), to request a "retiree" e-mail. *(Teaching faculty, librarians and faculty counselors may also opt for a "retiree email", in lieu of retaining their current email address, if they so choose.)*

Under rare and unique circumstances, the college president or in the case of the Central Office, the Chancellor or his/her designee, may approve the retention of the current CUNY e-mail address for these titles.

CUNY e-mail addresses are not available to employees who resign, or are non-reappointed or otherwise terminated.

The Office of Human Resources is advised to retain this form, along with the off-boarding/exit interview form for the employee.

Employee/Retiree Information:

Name [   ]   Empl. ID [   ]

Contract Title [   ]   Department [   ]

Retirement Date [   ]   *NOTE: During travia leave, the employee retains his/her current e-mail.*

☐ **I request to continue my current e-mail address.**

Attestation by Employee/Retiree:
- I acknowledge that I am not an active employee of the college/University Management, as noted above
- I agree not to hold myself out as an active employee of the college/University Management, as noted above
- I acknowledge receipt of the CUNY Policy on Acceptable Use of Computer Resources
- I will comply with the University's policies and procedures regarding electronic communications, including, but not limited to, the University's Policy on Acceptable Use of Computer Resources, to the extent applicable
- I acknowledge that I will not have access to groups and shared mailboxes used to conduct University/College business

☐ **I request a retiree e-mail address ("·ret")**   I should be notified at this e-mail address when the retiree e-mail is created [   ]

Attestation by Employee/Retiree:
- I acknowledge that I am not an active employee of the college/University Management, as noted above
- I agree not to hold myself out as an active employee of the college/University Management, as noted above
- I acknowledge receipt of the CUNY Policy on Acceptable Use of Computer Resources
- I will comply with the University's policies and procedures regarding electronic communications, including, but not limited to, the University's Policy on Acceptable Use of Computer Resources, to the extent applicable
- I acknowledge that if my retiree account is inactive for more than 12 calendar months (one year), the University will inactivate my account

☐ **The College President/Chancellor or his/her designee has approved the retention of my current e-mail address.** *(HR must attach appropriate approval)*

Attestation by Employee/Retiree:
- I acknowledge that I am not an active employee of the college/University Management, as noted above
- I agree not to hold myself out as an active employee of the college/University Management, as noted above
- I acknowledge receipt of the CUNY Policy on Acceptable Use of Computer Resources and I will comply with the University's policies and procedures regarding electronic communications, including, but not limited to, the University's Policy on Acceptable Use of Computer Resources, to the extent applicable
- I acknowledge that I will not have access to groups and shared mailboxes used to conduct University/College business, unless specifically approved by the President/Chancellor or his/her designee

Signature _____   Date _____

RECEIVED BY (This form must be signed by the Director of Human Resources or Designee)

Signature _____   Date _____