

INSTRUCTIONS: This form is to be used by any faculty who wishes to request participation in the Faculty Early Retirement Program (FERP) or to request a change in FERP status. (Consultation with your Department Chair and College Administrative Analyst (AA/S) is recommended).

Applicants are urged to read FAM Policy No. 625.7 ([http://senate.csusb.edu/FAM/Policy/\(FSD13-02\)FERP.pdf](http://senate.csusb.edu/FAM/Policy/(FSD13-02)FERP.pdf)) as well as Article 29 of the Unit 3 Collective Bargaining Agreement prior to completing this application (<http://www.calpac.org/resource/collective-bargaining-agreement-contract-2014-2017#article-29>).

| | |
|----------------------------|-----------------------------|
| Name: _____ | Department: _____ |
| Signature: _____ | Date: _____ |

PERIOD OF ANNUAL PARTICIPATION

EFFECTIVE DATE: _____

| TERM | TIME BASE |
|--------------------------------------|------------------|
| <input type="checkbox"/> Fall Term | _____ |
| <input type="checkbox"/> Winter Term | _____ |
| <input type="checkbox"/> Spring Term | _____ |
| TOTAL: | _____ |

Example of a time base:
If total faculty workload is 45 WTUs per year, a .5 FERP time base would equate to 22.5 WTUs which would be comprised of a mix of direct instructional activities and indirect activities.

(List each quarter separately)

CHANGE PERIOD OF PARTICIPATION/TIMEBASE

EFFECTIVE DATE: _____

| FROM | | TO | |
|--------------------------------------|------------------|--------------------------------------|------------------|
| TERM | TIME BASE | TERM | TIME BASE |
| <input type="checkbox"/> Fall Term | _____ | <input type="checkbox"/> Fall Term | _____ |
| <input type="checkbox"/> Winter Term | _____ | <input type="checkbox"/> Winter Term | _____ |
| <input type="checkbox"/> Spring Term | _____ | <input type="checkbox"/> Spring Term | _____ |
| TOTAL: | _____ | TOTAL: | _____ |

(List each quarter separately)

LEAVE WITHOUT PAY - For Personal Medical Reasons only

Academic Year _____

Academic Term/Terms _____

Amount of Leave

Full

Partial Specify % of leave ____

FACULTY EARLY RETIREMENT PROGRAM
Request Form

| |
|--|
| AA/S Verification Name: _____ Date: _____ |
|--|

Department Chair Recommendation
(Attach additional pages if more space is needed)

Recommend

Do Not Recommend

Department Chair Comments:

Department Chair's Signature
(Please forward to College Administrative Analyst)

Date

College Dean Recommendation
(Attach additional pages if more space is needed)

Recommend

Do Not Recommend

College Dean Comments:

College Dean's Signature
(Please forward to Academic Affairs)

Date

VPAA's Recommendation
(Attach additional pages if more space is needed)

Approve

Do Not Approve

VPAA's Comments:

Vice President's Signature
(Please forward to Academic Personnel)

Date