

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.calfac.org/resource/collective-bargaining-agreement-contract-2014-2017#article-29>).

Name:	Department:
_____	_____
Signature:	Date:
_____	_____

Prior to the time of the service retirement and appointment in FERP, a participant may elect to carry over up to forty-eight (48) hours of sick leave into the FERP appointment if the participant elects to reduce his/her accumulated sick leave by that amount for service retirement credit.

I elect to carry over _____ sick hours (**maximum of 48**) into the FERP program.
(initial)

PERIOD OF ANNUAL PARTICIPATION

EFFECTIVE DATE: _____

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

TERM	TIME BASE
<input type="checkbox"/> Fall Term	_____
<input type="checkbox"/> Winter Term	_____
<input type="checkbox"/> Spring Term	_____
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
Application

AA/S Verification Name: _____ Date: _____
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Department Chair Recommendation
(Attach additional pages if more space is needed)

Recommend

Do Not Recommend

Department Chair Comments:

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

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

Recommend

Do Not Recommend

College Dean Comments:

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

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

Approve

Do Not Approve

VPAA's Comments:

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