FACULTY EARLY RETIREMENT PROGRAM
Application

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) 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 Semester	_____
Spring Semester	_____
TOTAL	_____
(max of 15 WTUs)	_____

List each semester separately

Special Note: Full-Time workload is 30 WTUs per year, at .5 FERP time base would equate to 15 WTUs which is comprised of a mix of direct instructional activities and indirect activities.

➢ Attach the approved workload schedule to this application

➢ Select FT/1.0 for one (1) semester term only, or

➢ Select 1/2 for either semester or both terms

TIME BASE
FT = 15/15 WTUs per Semester
1/2 = +")/%) WTUs per Semester

CHANGE PERIOD OF PARTICIPATION/TIMEBASE

EFFECTIVE DATE: _____

FROM:

TERM	TIME BASE
Fall Semester	_____
Spring Semester	_____
TOTAL:	_____
(max of 15 WTUs)	_____

TO:

TERM	TIME BASE
☐ Fall Semester	_____
Spring Semester	_____
TOTAL:	_____
(max of 15 WTUs)	_____

(List each semester separately)

LEAVE WITHOUT PAY
(For Personal Medical Reasons only)

☐ Academic Year _____

☐ Academic Term/Terms _____

☐ Amount of Leave _____

Full

Partial   Specify % of leave _____

END OF FERP PARTICIPATION

I wish to end my FERP participation early

Effective _____

FACULTY EARLY RETIREMENT PROGRAM

Application

Department Chair Recommendation   Recommend   Do Not Recommend
(Attach additional pages if more space is needed)

Department Chair Comments:

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

College Dean Recommendation   Recommend   Do Not Recommend
(Attach additional pages if more space is needed)

College Dean Comments:

_____
College Dean's Signature   Date
(Please forward to Faculty Affairs and Development)

VPAA's Recommendation   Approve   Do Not Approve
(Attach additional pages if more space is needed)

VPAA's Comments:

_____
Vice President's Signature   Date
(Please forward to Faculty Affairs and Development)

Revised 1/2022