

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 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: _____

TO: _____

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

<input type="checkbox"/> TERM	TIME BASE
<input type="checkbox"/> Fall Semester	_____
<input type="checkbox"/> Spring Semester	_____
TOTAL:	_____
(max of 15 WTUs)	_____

(List each semester separately)

LEAVE WITHOUT PAY
(For Personal Medical Reasons only)

END OF FERP PARTICIPATION

- Academic Year _____
- Academic Term/Terms _____
- Amount of Leave _____
Full
Partial Specify % of leave _____

I wish to end my FERP participation early

Effective _____

FACULTY EARLY RETIREMENT PROGRAM
Application

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 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 Faculty Affairs and Development)