

INSTRUCTIONS: This form is to be used by any 12 Month faculty who wishes to request participation in the Faculty Early Retirement Program (FERP) or to request a change in FERP status. (Consultation with your Supervisor and College Administrative Analyst (AA/S) is recommended).

Applicants are urged to read FAM Policy No. 625.7 ([http://senate.csub.edu/FAM/Policy/\(FSD13-02\)FERP.pdf](http://senate.csub.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.

PERIOD OF ANNUAL PARTICIPATION (select one)

6 MONTHS (Example: Aug 1st to Jan 31st at .50 time-base work 6 month/160 hrs a month x 6 = 960 hrs)

12 MONTHS (Example: Aug 1st to Jan 31st at .50 time base (work 12 months/80 hrs a month x 12 = 960 hrs)

OTHERS: (Work schedule not to exceed 960 hours during calendar year)

FROM _____ TO _____
(MO/DD/YYYY) (MO/DD/YYYY)

Period of your FERP employment must not exceed 960 hours. During the period of the FERP employment CSU will provide the Enhanced dental plan only if the time-base is at least .5 or greater. If there is a break in the FERP employment this may affect your benefits entitlement.

CHANGE PERIOD OF PARTICIPATION/TIMEBASE

CURRENT

FROM _____ TO _____
(MO/DD/YYYY) (MO/DD/YYYY)

NEW CHANGE

Initial FROM _____ TO _____
(MO/DD/YYYY) (MO/DD/YYYY)

LEAVE WITHOUT PAY - For Personal Medical Reasons Only

Initial FROM _____ TO _____
(MO/DD/YYYY) (MO/DD/YYYY)

END OF FERP PARTICIPATION

Initial I wish to end my FERP participation early Effective _____

FACULTY EARLY RETIREMENT PROGRAM

Request Form

AA/S Verification

Name: _____

Date: _____

Supervisor Recommendation:

Recommend

Do Not Recommend

(Attach additional pages if more space is needed)

Supervisor Comments:

Supervisor's Signature

Date

(Please forward to College Administrative Analyst)

Director/Dean Recommendation:

Recommend

Do Not Recommend

(Attach additional pages if more space is needed)

Director/Dean Comments:

Director/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)