

**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.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.

## PERIOD OF ANNUAL PARTICIPATION (select one)

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

**12 MONTHS (Example:** Aug  $1^{st}$  to Jan  $31^{st}$  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

то

(MO/DD/YYYY)

(MO/DD/YYYY)

Period of your FERP employment must <u>not</u> 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	г		
	FROM	_ то	
	(MO/DD/YYYY)	(MO/DD/YYYY)	
NEW CHANG	GE		
	FROM	ТО	
Initial	(MO/DD/YYYY)	(MO/DD/YYYY)	
LEAVE WI	THOUT PAY - For Personal Medica	al Reasons Only	
	FROM	то	
Initial	(MO/DD/YYYY)	(MO/DD/YYYY)	
END OF FI	ERP PARTICIPATION		
	I wish to end my FERP participation e	early Effective	

## FACULTY EARLY RETIREMENT PROGRAM

## **Request Form**

AA/S Verification

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Recommendation: (Attach additional pages if more space is needed) Supervisor Comments:	Recommend		Do Not Recommend
Supervisor's Signature (Please forward to College Administrative )	Analyst)	Date	
<b>Director/Dean Recommendation:</b> (Attach additional pages if more space is needed) Director/Dean Comments:	Recommend		Do Not Recommend
Director/Dean's Signature (Please forward to Academic Affairs)		Date	
VPAA's Recommendation:	Approve		Do Not Approve
(Attach additional pages if more space is needed) VPAA's Comments:			
Vice President's Signature (Please forward to Faculty Affairs and Dev		Date	
Revised 10/2019			