

**INSTRUCTIONS:** This form is to be used by any faculty who wishes to request participation in the Pre-Retirement Reduction in Time Base Program (PRTB) or to request a change in PRTB status. (Consultation with your Department Chair and College Administrative Analyst (AA/S) is recommended).

Applicants are urged to read FAM Policy No. 626.8 ([http://senate.csusb.edu/FAM/Policy/\(CBA\)Reduction\\_in\\_Timebase.pdf](http://senate.csusb.edu/FAM/Policy/(CBA)Reduction_in_Timebase.pdf)) as well as Article 30 of the Unit 3 Collective Bargaining Agreement prior to completing this application (<http://www.calpac.org/resource/collective-bargaining-agreement-contract-2014-2017#article-30>).

<b>Name:</b> _____	<b>Department:</b> _____
<b>Signature:</b> _____	<b>Date:</b> _____

**PERIOD OF ANNUAL PARTICIPATION**

EFFECTIVE DATE: \_\_\_\_\_

<u>TERM</u>	<u>TIME BASE</u>	<b>Annual Time Base:</b> _____
<input type="checkbox"/> Fall Term	_____	(2/3, 1/2, or 1/3)
<input type="checkbox"/> Spring Term	_____	

**(List each semester separately)**

**CHANGE PERIOD OF EXSISTING PRTB PARTICIPATION/TIMEBASE**

EFFECTIVE DATE: \_\_\_\_\_

<b>FROM</b>		<b>TO</b>	
<u>TERM</u>	<u>TIME BASE</u>	<u>TERM</u>	<u>TIME BASE</u>
<input type="checkbox"/> Fall Term	_____	<input type="checkbox"/> Fall Term	_____
<input type="checkbox"/> Spring Term	_____	<input type="checkbox"/> Spring Term	_____
<b>TOTAL:</b> _____		<b>TOTAL:</b> _____	

**(List each semester separately)**

**LEAVE WITHOUT PAY**

Academic Year \_\_\_\_\_

Academic Term/Terms \_\_\_\_\_

Amount of Leave

Full

Partial Specify % of leave \_\_\_\_\_

**Pre-Retirement Reduction in Time Base Program  
Request Form**

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

Recommend

Do Not Recommend

Department Chair Comments:

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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:

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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:

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Vice President's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Please forward to Faculty Affairs & Development)