

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.calfac.org/resource/collective-bargaining-agreement-contract-2014-2017#article-30>).

Name: _____	Department: _____
Signature: _____	Date: _____

PERIOD OF ANNUAL PARTICIPATION

EFFECTIVE DATE: _____

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

(List each quarter separately)

CHANGE PERIOD OF PARTICIPATION/TIMEBASE

EFFECTIVE DATE: _____

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

(List each quarter 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**

AA/S Verification Name: _____ Date: _____
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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 Academic Personnel)