



# APPLICATION FOR FACULTY EARLY RETIREMENT PROGRAM (FERP)

Faculty Member's Name:

Department:

## DEPARTMENT CHAIR OR UNIT HEAD

I support the applicant's requested FERP assignment.

SIGNATURE:

DATE:

## COLLEGE DEAN OR APPROPRIATE ADMINISTRATOR

Approved

Not Approved

SIGNATURE:

DATE:

## FORWARD TO FACULTY AFFAIRS FOR PROCESSING

## PROVOST/VICE PRESIDENT OF ACADEMIC AFFAIRS

Approved

Not Approved

SIGNATURE:

DATE:

## VICE PRESIDENT OF STUDENT AFFAIRS (for Counselors Only)

Approved

Not Approved

SIGNATURE:

DATE:

## UNIVERSITY PRESIDENT

This FERP appointment is subject to the terms and conditions of the current Collective Bargaining Agreement between the Board of Trustees of the California State University and the California Faculty Association for Unit 3 (Faculty). Your election to participate in the Faculty Early Retirement Program becomes effective with the beginning of the academic year \_\_\_\_\_, during which your term of employment will be: (complete and check one box)

At the rank of:

15 WTUs for the following semester:

Fall

Spring

15 WTUs for an academic year

In subsequent years, it shall be the responsibility of the appropriate administrative unit to inform you of a change in your assignment. Any change in the foregoing for the period of employment must be approved by the President in advance.

SIGNATURE:

DATE:

**Original:** Personnel Action File of Applicant

**Copies to:** Applicant | Department Chair or Unit Head | College Resource Manager | Human Resources Management | Dean or Appropriate Administrator