



FACULTY EARLY RETIREMENT PROGRAM Request Form

INSTRUCTIONS: This form is to be used by faculty to request participation in the Faculty Early Retirement Program (FERP) or to request a change in FERP status. (A space for your comments is provided below.)

Print Name	Department
Signature	Date

BEGIN PARTICIPATION
<input type="checkbox"/> Fall Semester Participation <input type="checkbox"/> Spring Semester Participation <input type="checkbox"/> Academic Year Participation Effective: AY _____
I elect to carry 48 hours of my accrued sick leave into my FERP appointment: <input type="checkbox"/> YES <input type="checkbox"/> NO

CHANGE PARTICIPATION FROM	To
<input type="checkbox"/> Fall Semester Participation <input type="checkbox"/> Spring Semester Participation <input type="checkbox"/> Academic Year Participation	<input type="checkbox"/> Fall Semester Participation <input type="checkbox"/> Spring Semester Participation <input type="checkbox"/> Academic Year Participation
Effective: Academic Year _____	

FERP PERSONAL LEAVE WITHOUT PAY (TYPE OF PERS LWOP TRANSACTION)

<input type="checkbox"/> APPLY FOR LEAVE	<input type="checkbox"/> CHANGE APPROVED LEAVE	<input type="checkbox"/> CANCEL APPROVED LEAVE
Begin:	Current Approved Term of Leave: Begin End	Approved Term of Leave: Begin:
End:	Change To: Begin End	End:
Time Base:	Change time base to:	Time Base:

PURPOSE OF PERS LWOP:

<input type="checkbox"/> UNPAID SICK LEAVE <input type="checkbox"/> FAMILY CARE ATTACH PHYSICIAN'S STATEMENT EXPLAINING NEED FOR THE LEAVE.	<input type="checkbox"/> I understand this will not extend my FERP years. <ul style="list-style-type: none"> Leave without pay will not affect the FERP term (5 years). The leave year is counted as one of the 5 FERP years. FERP is not extended due to this Leave without Pay.
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FACULTY MEMBER'S COMMENTS (ATTACH ADDITIONAL PAGES IF MORE SPACE IS NEEDED):

CHAIR'S COMMENTS (ATTACH ADDITIONAL PAGES IF MORE SPACE IS NEEDED):

Recommend Do Not Recommend

CHAIR'S SIGNATURE (FORWARD TO DEAN)

DATE

DEAN'S COMMENTS (ATTACH ADDITIONAL PAGES IF MORE SPACE IS NEEDED):

Recommend Do Not Recommend

DEAN'S SIGNATURE (FORWARD TO FACULTY AFFAIRS & RECORDS)

DATE

Please forward to Human Resources Diversity and Inclusion (CP-700) Academic Employment services for processing prior to requesting the Vice President's Signature.

VPAA'S /PROVOST'S COMMENTS (ATTACH ADDITIONAL PAGES IF MORE SPACE IS NEEDED):

Recommend Do Not Recommend

VICE PRESIDENT'S/PROVOST'S SIGNATURE

DATE

C: PERSONNEL ACTION FILE