



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

BEGIN PARTICIPATION
Fall Semester Participation Spring Semester Participation Academic Year Participation Effective: Academic Year: _____
Expected Retirement Date: _____ I elect to carry 48 hours of my accrued sick leave into my FERP appointment: <div style="display: flex; justify-content: space-around;"> YES NO </div>

CHANGE PARTICIPATION	
FROM Fall Semester Participation Spring Semester Participation Academic Year Participation	TO Fall Semester Participation Spring Semester Participation Academic Year Participation
Effective: Academic Year _____	

REDUCE PARTICIPATION*	
From 1.0 FTE 0.5 FTE Other	To _____ FTE <small>*Time base reduction is permanent for duration of FERP assignment.</small>

END PARTICIPATION
I wish to end my participation Effective Date: _____

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

FACULTY MEMBER'S SIGNATURE	DATE

CHAIR'S COMMENTS (ATTACH ADDITIONAL PAGES IF MORE SPACE IS NEEDED):
<div style="display: flex; justify-content: space-around;"> RECOMMEND DO NOT RECOMMEND </div>

CHAIR'S SIGNATURE (FORWARD TO DEAN)	DATE

DEAN'S COMMENTS (ATTACH ADDITIONAL PAGES IF MORE SPACE IS NEEDED):
<div style="display: flex; justify-content: space-around;"> RECOMMEND DO NOT RECOMMEND </div>

DEAN'S SIGNATURE (FORWARD TO HRDI)	DATE

Please forward to Human Resources, Diversity and Inclusion (CP-740) Academic Talent Management for processing prior to requesting the Vice President's Signature.



Human Resources, Diversity and Inclusion
Academic Talent Management
College Park, Suite 740 / 657-278-8040

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