



# FACULTY EARLY RETIREMENT PROGRAM (FERP)

## Request to Change Participation

### INSTRUCTIONS:

This form is to be used by faculty to request a **change** in their previously approved Faculty Early Retirement Program (FERP) participation. Submit request to your department at least 6 months prior to the beginning of the academic year you wish to make the change in your FERP. Upon approval you will receive a letter outlining the conditions of your appointment.

### TO BE COMPLETED BY FACULTY MEMBER

Name: \_\_\_\_\_ Department: \_\_\_\_\_

I request to make the following change in my FERP period of employment (check one):

**From my current approved period of employment:**

- Full-Time Fall Semester                       Full-Time Spring Semester
- Other, please indicate number of units each semester:    Fall: \_\_\_\_\_                      Spring: \_\_\_\_\_

**To my requested new period of employment:**

- Full-Time Fall Semester                       Full-Time Spring Semester
- OR**
- Other - please indicate number of units each semester; not to exceed a total of 15 units per Academic Year.*

Semester	Instructional Units	Service Units	Total Units	Time Base for Semester
<input type="checkbox"/> Fall	_____ (Max 12)	+ _____ (Max 3)	= _____ out of 15	= _____ % Time Base
<input type="checkbox"/> Spring	_____ (Max 12)	+ _____ (Max 3)	= _____ out of 15	= _____ % Time Base

Academic Year this change is requested to take effect: \_\_\_\_\_

I understand that my selected assignment of FERP is at the discretion of the University and requires approvals. It is dependent primarily upon the recommendation of the department chair and dean and their assessment of program impact.

Comments: *(Attach additional pages if needed)* \_\_\_\_\_

Faculty Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

➤ *Forward to Department Chair*

### TO BE COMPLETED BY DEPARTMENT CHAIR

Recommend Approval:  Yes     No                      Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

➤ *Forward to Dean*

### TO BE COMPLETED BY DEAN

Recommend Approval:  Yes     No                      Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

➤ *Forward to Faculty Affairs*

### TO BE COMPLETED BY ASSOCIATE VICE PRESIDENT FOR FACULTY AFFAIRS

Approved:  Yes     No                      Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_