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
☐ 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
☐ Fall _______ (Max 12) + _______ (Max 3) = _______ out of 15 = _______ % Time Base
☐ 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: ______________

cc: Personnel Action File Faculty Affairs 3/2012