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.

<table>
<thead>
<tr>
<th>Semester</th>
<th>Instructional Units</th>
<th>Service Units</th>
<th>Total Units</th>
<th>Time Base for Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>(Max 12)</td>
<td>(Max 3)</td>
<td>15</td>
<td>% Time Base</td>
</tr>
<tr>
<td>Spring</td>
<td>(Max 12)</td>
<td>(Max 3)</td>
<td>15</td>
<td>% Time Base</td>
</tr>
</tbody>
</table>

**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 5/2012