



Request to Participate in the Faculty Early Retirement Program (FERP)

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. Participation must commence at the beginning of an academic year. In addition to submitting this form to CSUEB, participants must submit a “*Service Retirement Election Application*” to the California Public Employees’ Retirement System (CalPERS) no earlier than 120 days prior to their retirement date and be granted a Service Retirement effective on or before the first day of the academic year in which FERP participation will commence. Consult with Human Resources/Benefits regarding the retirement process.

Name: _____ Department _____

Tentative Retirement Date _____ Begin FERP Participation: AY _____

Percentage _____ Fall Semester _____
Spring Semester _____

I recognize that this request, if granted, will be pursuant to Article 29 of the Faculty Bargaining Agreement. I have read the requirements of Article 29 concerning eligibility and believe that I am eligible to participate in the program. If my request is granted, I agree to abide by the terms and conditions of Article 29 of the Faculty Bargaining Agreement available http://www.calstate.edu/hr/employee_relations/bargaining_agreements/contracts/cfa/2014_2017/article29.pdf

Faculty may retain up to forty-eight (48) hours of their accumulated sick leave credit for use during participation in FERP. Please indicate below the number of hours of sick leave credit you wish to retain (from 0 to 48 hours)

I elect to carry _____ hours of my accrued sick leave into my FERP appointment

Signature (Faculty Member) _____ Date _____

(Forward to Department Chair)

I do/do not recommend approval.

Signature of Department Chair _____ Date _____

(Forward to College Dean)

I do/do not recommend approval.

Signature of College Dean _____ Date _____

(Forward to Academic Affairs)

I have reviewed this request in accordance with Article 29 of the Faculty Bargaining Agreement. FERP participation is hereby approved for _____ years beginning with the _____ - _____ academic year and ending with the _____ - _____ academic year.

Signature of the Provost _____ Date _____