

# Faculty Early Retirement Program Request Form

INSTRUCTIONS: To be used by faculty to request participation in the Faculty Early Retirement Program (FERP) or to request a change in FERP status.

PRINT NAME _____	DEPARTMENT _____
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BEGIN FERP PARTICIPATION	
<i>May not exceed 50% of the regular time base in the year preceding retirement.</i>	
<b>SEMESTER</b>	<b>TIME BASE (max 15 wtu)</b>
<input type="checkbox"/> Fall Semester	_____
<input type="checkbox"/> Spring Semester	_____
Effective: Academic Year _____	
I elect to carry 48 hours of my accrued sick leave into my FERP appointment:	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

CHANGE FERP PARTICIPATION	
<b>TERM</b>	<b># of WTU's</b>
<input type="checkbox"/> Fall Semester	_____
<input type="checkbox"/> Spring Semester	_____
Effective: Semester _____ Academic Year _____	
*Time base reduction is permanent for duration of FERP assignment.	

END FERP PARTICIPATION
<input type="checkbox"/> I wish to end my participation
Effective Date: _____

FERP PERSONAL LEAVE WITHOUT PAY (Please see 29.16 of CBA for details)		
<input type="checkbox"/> <b>APPLY FOR LEAVE</b>	<input type="checkbox"/> <b>CHANGE APPROVED LEAVE</b>	<input type="checkbox"/> <b>CANCEL APPROVED LEAVE</b>
Begin: _____ <small>Term Academic Year</small>	Current Approved Term of Leave: Begin: _____ End: _____ <small>Term Academic Year Term Academic Year</small>	Approved Term of Leave: Begin: _____ <small>Term Academic Year</small>
End: _____ <small>Term Academic Year</small>	Change To: Begin: _____ End: _____ <small>Term Academic Year Term Academic Year</small>	End: _____ <small>Term Academic Year</small>
Time Base: _____	Change Time Base To: _____	Time Base: _____
<input type="checkbox"/> Use Sick Leave  Medical Certification Required. Submit directly to Payroll Services (Attn: Leaves Coordinator)		<input type="checkbox"/> I understand this leave will not extend my FERP assignment. Leave without pay will not affect my future participation in FERP. The leave year will count toward one of the 5 FERP years.

SIGNATURES:			
EMPLOYEE'S PRINT & SIGNATURE _____ <small>(FORWARD TO DEPARTMENT CHAIR)</small>	DEPARTMENT CHAIR'S PRINT & SIGNATURE _____ <small>(FORWARD TO DEAN)</small>	DATE _____	DATE _____
DEAN'S PRINT & SIGNATURE _____ <small>(FORWARD TO FACULTY AFFAIRS)</small>	PROVOST'S SIGNATURE _____	DATE _____	DATE _____