



Application for Faculty Early Retirement Program (FERP)

Office of Faculty Affairs

Name of Applicant: _____ CSUN ID#: _____

Department: _____ Email Address: _____

Academic Year in which FERP is to begin: _____

(Participation must commence at the beginning of an academic year. In addition to submitting this form to CSUN, participants must submit a "Service Retirement Election Application" to the Public Employees' Retirement System (PERS) no more than 90 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.) CalPERS can be contacted at 1-888-225-7377 or at http://www.calpers.ca.gov/

CSUN Separation Date: _____ PERS Retirement Date: _____ (Must be at least 1 day after separation date)

Select one of the following work schedules:

- Full-time each Fall semester for 50% of annual salary
Full-time each Spring semester for 50% of annual salary
Half-time (50%) both Fall and Spring semesters for 50% of annual salary
Librarians/Counselors specify schedule, not to exceed 960 hours per year: _____

Any work in addition to the above schedule is restricted by CalPERS Government Code 21227 regulations.

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 at 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 wish to retain _____ hours of sick leave credit.

(Signature of applicant) (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 the Office of Faculty Affairs)

I have reviewed this application 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 Provost & Vice President for Academic Affairs) (Date)

FA Office Use Only - Distribution: HR College Dean Department Chair Applicant Faculty Affairs