

Faculty Early Retirement Program (FERP)

The purpose of completing this form is to:		
1. Elect to participate in FERP (complete A-E	below)	
2. Revise an existing FERP appointment (comp	olete A-B below)	
3. End FERP - Last Academic Year		
Last Name, First Name	Employee ID No.	(CIN)
Department/College	CalPERS Retiremen	nt Date
*A. Requested FERP Units: Fall WTU SET	Spring WTU SETU	
*B. Total FERP Units/Year (maximum 15.0 semester units/year allowed)		
C. Projected Academic Year to Begin		
D. As of the requested effective date of retirement, I will be		
☐ A member of PERS hired before 1/1/2011 and at least 55 ☐ A member of STRS and at least 55		
A member of PERS hired between 1/1/2011-1	2/31/2012 and at least 60	
A member of PERS hired on or after 1/1/2013	and at least 62	
E.	n eligible for service retirement	
Employee Signature		Date**
RECOMMENDATIONS* Approved Not Approved	SIGNATURE	DATE
Department/Division Chair _	·····	
College Dean		
AVPFA		
* The distribution of units selected by the faculty member and his/her Faculty Affairs. A maximum of 3.0 SETUs may be included in the may be spread over two semesters (academic year), not including st workload may not exceed 7.5 units in either semester. To be eligible participants must maintain a timebase of at least half-time (15.0 units in the FERP in a given academic year, year) semester (i.e. six months prior to the beginning of the academic year).	15.0 units/year maximum workload. Genoummer. For faculty who choose the acade e for enhanced dental benefits and vision its/year). ou must declare your intention to do so by ar in which you participate).	erally, FERP assignments emic year option, total coverage, FERP
Copies to: Payroll, HRM, College, Department, Employee, Faculty	TO BE COMPLETED BY HRM First year of eligibility Last year of eligibility	

Division of Academic Affairs FA-900