



Office of the Associate Vice-President for Faculty Affairs

PRE-RETIREMENT REDUCTION IN TIME BASE (PRTB) PROGRAM

To be submitted prior to the academic year in which entry into PRTB is requested.*

Before completing this form, faculty unit employees should consult Article 30 of the CFA/CSU Collective Bargaining Agreement. Address inquiries to the Faculty Affairs Office.

The purpose of completing this form is to:

1. Elect to participate in PRTB Program (complete A-D below).
Projected entry into PRTB Program to be _____ academic year.
2. Revise an existing PRTB appointment (complete A-B below).
Upon approval of my request to revise my existing PRTB appointment, I request effective date of revised workload to be _____ (date).
3. Request to revoke participation in PRTB and return to Full-Time Status.
Upon approval of my request to revoke participation in PRTB, I request return to Full-Time status effective _____ (date).

Name (Last, First)	Department/College

A.** Requested workload reduction in PRTB Program: 2/3 1/2 1/3

B.** Total PRTB semester units/year (*WTUs + SETUs*)

with a 2/3 reduction in time base, workload will be: 10 units/year (8 + 2)

with a 1/2 reduction in time base, workload will be: 15 units/year (12 + 3)

with a 1/3 reduction in time base, workload will be: 20 units/year (16 + 4)

C. As of the requested effective date of entry into the PRTB program, I am

a member of PERS, have reached the age of 55 years, and am not yet 65 years old;

a member of STRS, have reached the age of 55 years, and not yet 64 years old.

D. I am a tenured faculty unit employee and I am eligible for PRTB:

I have been employed in the CSU for at least ten (10) years at full-time; and

my employment has been continuous and full-time in the five (5) years immediately preceding the effective date of the PRTB.

Faculty Unit Employee Signature	Date

	Signature	Date	Recommendations**	
			Approved	Not Approved
Department/Division Chair	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
College Dean	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
AVPAA-FA	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

*Although the President has waived the six-month notice period, this signed form must reach the Office of Faculty Affairs (ADM 707) at least one month before the effective date of entry into PRTB.

**The annual workload selected by the faculty unit employee must be approved by each designated official. Generally, workload while in PRTB may be spread over any of the two semesters.

The signed copy of this document, returned to the faculty unit employee, shall serve as the official appointment notice.

Distribution to be made by HRM Copies to: Payroll, HRM, College/Division, Employee, Budget	TO BE COMPLETED BY HRM First year of PRTB: Last year of PRTB:
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Revised 2/18