

**CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS**  
**APPLICATION FOR FACULTY EARLY RETIREMENT PROGRAM (FERP)**

(As provided by Article 29 of the Faculty Bargaining Agreement)

Name of Applicant \_\_\_\_\_

Program \_\_\_\_\_ College \_\_\_\_\_

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 CSUCI, participants must submit a "Service Retirement Election Application" to the Public Employees' Retirement System (PERS) at 400 P Street, Sacramento, CA, 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.)*

CSUCI 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  
☐ Other (Specify): \_\_\_\_\_

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. I understand that once I have started working under the FERP, I may not return to full-time employment. If my request is granted, I agree to abide by the terms and conditions of Article 29 of the Faculty Bargaining Agreement. (Copy attached)

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 of application)

(Forward to Program Chair)

_____ (Signature of Program Chair)	_____ (Date)
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(Forward to Dean of the Faculty)

_____ (Signature of Dean)	_____ (Date)
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(Forward to Provost & Vice President for Academic 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)