

INSTRUCTIONS: This form is to be used by any faculty who wishes to request participation in the Faculty Early Retirement Program (FERP) or to request a change in FERP status.

Name: _____	Department: _____
Signature: _____	Date: _____

PERIOD OF ANNUAL PARTICIPATION

- **Fall Term**
- **Winter Term**
- **Spring Term**
- **Academic Year**

Effective: _____ Timebase: _____

CHANGE PERIOD OF PARTICIPATION/TIMEBASE

FROM:

TO:

- **Fall Term**
- **Winter Term**
- **Spring Term**
- **Academic Year**

- **Fall Term**
- **Winter Term**
- **Spring Term**
- **Academic Year**

Timebase: _____
Effective: _____

Timebase: _____

LEAVE WITHOUT PAY - For Personal Medical Reasons only

- **Academic Year** _____
- **Academic Term/Terms** _____
- **Amount of Leave**
 - 9 **Full**
 - 9 **Partial** Specify % of leave _____

Department Chair Comments

(Attach additional pages if more space needed)

9 Recommend

9 Do Not Recommend

Department Chair's Signature (Please forward to School Dean)

College Dean's Comments

(Attach additional pages if more space needed)

9 Recommend

9 Do Not Recommend

College Dean's Signature (Please forward to Academic Personnel)

VPAA's Comments

(Attach additional pages if more space needed)

9 Approve

9 Do Not Approve

Vice President's Signature

Date