

**REQUEST FOR PARTICIPATION
FACULTY EARLY RETIREMENT PROGRAM**

Employee's Name: _____ Today's Date: _____

Home Address: _____

Department: _____

Are you (or will you be on date of entrance into FERP) at least age 55? _____ Yes _____ No

Are you a tenured faculty unit employee? _____ Yes _____ No

Academic year in which FERP is to begin? _____

Requested period of Employment:

a) _____ One quarter, full-time. Quarter requested: _____

b) _____ One academic year, half-time.

SICK LEAVE CARRY OVER

Do you wish to carry over 48 hours of your accumulated sick leave credits into the FERP appointment?

_____ Yes _____ No

(By electing to do so, your accumulated sick leave will be reduced by 48 hours for the purposes of calculating retirement service credit.)

Employee: _____
Signature Date

Department Chair: _____
Signature Date

Dean: _____
Signature Date

Vice President for
Academic Affairs: _____
Signature Date