

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.

<b>Name:</b> _____	<b>Department:</b> _____
<b>Signature:</b> _____	<b>Date:</b> _____

### PERIOD OF ANNUAL PARTICIPATION

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

Effective: \_\_\_\_\_ Timebase: \_\_\_\_\_

### CHANGE PERIOD OF PARTICIPATION/TIMEBASE

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="radio"/> <b>Fall Term</b>     |  | <input type="radio"/> <b>Fall Term</b>     |
| <input type="radio"/> <b>Winter Term</b>   |  | <input type="radio"/> <b>Winter Term</b>   |
| <input type="radio"/> <b>Spring Term</b>   |  | <input type="radio"/> <b>Spring Term</b>   |
| <input type="radio"/> <b>Academic Year</b> |  | <input type="radio"/> <b>Academic Year</b> |

Timebase: \_\_\_\_\_ Timebase: \_\_\_\_\_

Effective: \_\_\_\_\_

### LEAVE WITHOUT PAY - For Personal Medical Reasons only

- Academic Year** \_\_\_\_\_
- Academic Term/Terms** \_\_\_\_\_
- Amount of Leave**
  - Full**
  - Partial** Specify % of leave \_\_\_\_\_

**Department Chair Comments**

*(Attach additional pages if more space needed)*

*Recommend*

*Do Not Recommend*

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

**College Dean's Comments**

*(Attach additional pages if more space needed)*

*Recommend*

*Do Not Recommend*

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

**VPAA's Comments**

*(Attach additional pages if more space needed)*

*Approve*

*Do Not Approve*

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*Vice President's Signature*

*Date*