

TO BE COMPLETED BY FACULTY

Name:		Dept. Name:	
PRTB Academic Year Entry Date:			
Reduced Time Base Requested:	.67	.50	.33
Yes	No	I will be between the age of 55 and 64 when I enter the PRTB program.	
Yes	No	I am a Tenured Faculty, Librarian or Counselor.	
Yes	No	I have worked a minimum of 10 years, at full-time, in the CSU system.	
Yes	No	My employment, in the five years immediately preceding this PRTB request, has been continuous and at full-time.	
I understand that such an appointment is subject to the requirements of Title 5, California Administrative Code Section 43150-43155 (Pre-Retirement) and in accordance with Article 30 of the Collective Bargaining Agreement – hereby make application for the pre-retirement program and certify that the information given is true to the best of my knowledge and belief.			
Faculty Signature:			Date:

TO BE COMPLETED BY DEPARTMENT CHAIR

Recommend Approval	Yes	No
Comments:		
Department Chair Signature:		Date:

TO BE COMPLETED BY DEAN

Recommend Approval	Yes	No
Comments:		
Dean Signature:		Date:

FACULTY AFFAIRS USE ONLY

cc: Personnel Action File

Comments:	
AVP Faculty Affairs Signature:	Date: