

**NOTIFICATION OF INTENT TO RETIRE
AND PARTICIPATE IN FERP**
(FERP) Faculty Early Retirement Program
Tenured Faculty Use Only

Send completed FERP notification form to Faculty Affairs at least 6 months prior to the beginning of the campus academic year in which the FERP would begin. Participants in FERP must have been granted a CalPERS service retirement prior to commencing the program. FERP appointment letters require written acceptance. All FERP appointments commence at the beginning of the academic year. Visit the Faculty Affairs webpage and see CBA Article 29 for additional details.

TO BE COMPLETED BY FACULTY			
Name:		Dept. Name:	
Planned Service Retirement Date:		Academic Year FERP will begin:	
Requested FERP Schedule: (Choose between Standard or Alternate)			
FERP Standard Schedule: (Choose one: Fall, Spring, or AY)			
<input type="checkbox"/> Fall term (full-time fall only)	<input type="checkbox"/> Spring Term (full-time spring only)	<input type="checkbox"/> Academic Year (50% fall, 50% spring)	
OR, Request a FERP Alternate Schedule: (Enter units and time base for fall and spring, and total units for the AY)			
	Fall Semester	Spring Semester	Academic Year Total
Instructional Units		+	=
Service Units		+	=
Total Units	out of 15	+	out of 15 = max 15
Time Base %	= $\frac{\text{Fall Total Units}}{15}$	= $\frac{\text{Spring Total Units}}{15}$	
Acknowledgement and Signature:			
<ul style="list-style-type: none"> I understand that my FERP appointment is at the discretion of the University and requires approvals, including the recommendation of the department chair and dean and their assessment of program impact. I understand it is my responsibility to complete and submit the CalPERS Retirement Application and be granted a service retirement prior to commencing the FERP. 			
Faculty Signature:			Date:

TO BE COMPLETED BY DEPARTMENT CHAIR			
Recommend Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:			
Department Chair Signature:			Date:

TO BE COMPLETED BY DEAN			
Recommend Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:			
Dean Signature:			Date:

Send completed form to facultyaffairs@sonoma.edu

FACULTY AFFAIRS USE ONLY	
Comments:	
AVP Faculty Affairs Signature:	Date: