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| CSULB Seal - Office of Faculty Affairs http://csulb.edu/aa/personnel 562-985-4128 | Notification of Intent to Retire / Participate in FERP |

**If you are considering retirement, please contact the Office of Faculty Affairs at 562-985-8114 for details and options to consider when making this decision*.***

The purpose of this form is to notify CSULB of your intent to retire or to retire and participate in FERP. ***The deadline for submitting this form is April 2nd***. In addition to this submitting this form, ***it is your responsibility to complete and submit the required CalPERS Retirement Application***. Assistance in selecting a retirement date and with completing the retirement application can be obtained from the Benefits Services Manager, 562-985-2120.

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| RETIREMENT DATE **To be completed by all faculty** |
| **My planned service retirement date is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (Month/Day/Year) |
| |  | | --- | | FACULTY EARLY RETIREMENT PROGRAM (FERP) PARTICIPATION **To be completed by tenured faculty** | | ­­­­­­­­­­­­­­­­­­­­Article 29 of the Collective Bargaining Agreement entitles eligible tenured faculty to five consecutive years of FERP employment after retirement.   |  |  |  | | --- | --- | --- | | 🞏 |  | Year | | Full-Time Fall Semester |  | | 🞏 | Full-Time Spring Semester |  | | 🞏 | Half-Time for the Academic Year |  | | 🞏 | Other, less than Full-Time ***(Please indicate)*** |  |   **🞎 No, I will not participate in FERP (Sign and submit)**  **🞎 Yes, I will participate in FERP (Complete the remainder of this section)**  **My FERP employment will begin as indicated:**  **Your selected assignment of FERP is at the discretion of the University and requires approvals, dependent primarily upon the recommendation of the department chair and dean and their assessment of program impact.** |   If your retirement plans change, you must notify the chair, dean, and the Associate Vice President of Faculty Affairs immediately in writing of your decision to rescind your retirement notification. To rescind a submitted CalPERS application, you must notify CalPERS [**http://www.calpers.ca.gov/**] immediately, 888-225-7377, and ***not*** cash your first pension payment. If you wish to change your FERP selection before or during your FERP participation, you must submit your requested change in writing to the chair, dean, and the Associate Vice President of Faculty Affairs. |

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| **Signature of Faculty Member** | | **Date** | |
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| **Printed Name of Faculty Member** |  | **College/Department** |  |
| **Forward to Department Chair and Dean for Signature** | | | |
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| **Department Chair** | **Date** | **College Dean** | **Date** |
| **forward to AVP of Faculty Affairs (BH-303)** | | | |