



Request to Participate in Faculty Early Retirement Program (FERP)

Faculty Member Information

Name

Academic Rank

College

Department

Mailing Address

Phone Number

Email

Effective Date of Retirement:

Time Base Prior to
Retirement:

Carryover of Sick Leave
(max: 48 hrs):

Appointment During FERP

Semester (1.0)

Academic Year, half time

Fall

Spring

Other

Faculty Member Signature

Date

Department Chair/School Director Signature

Date

College Dean/University Librarian Signature

Date

Dean of Faculty Affairs & Professional Development

Date