



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 1st.** In addition to 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.

RETIREMENT DATE

To be completed by ALL faculty

My planned service retirement date is: _____ Campus ID: _____
 (Month/Day/Year)

FACULTY EARLY RETIREMENT PROGRAM (FERP) PARTICIPATION

To be completed by eligible tenured faculty ONLY

Article 29 of the Collective Bargaining Agreement entitles eligible tenured faculty to five consecutive years of FERP employment after retirement.

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 participation will begin as indicated:

| FERP Employment Participation | | Year |
|-------------------------------|--|------|
| <input type="checkbox"/> | Fall Semester -Full-Time | |
| <input type="checkbox"/> | Spring Semester -Full-Time | |
| <input type="checkbox"/> | Academic Year - Part-Time | |
| <input type="checkbox"/> | Other, less than Full-Time <i>(Please indicate)</i> | |

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 Faculty Affairs immediately in writing of your decision to rescind your retirement notification. To rescind a submitted CalPERS application, you must notify CalPERS [<https://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 Faculty Affairs.

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|--------------------------------------|--------------------|
| | |
| SIGNATURE OF FACULTY MEMBER | DATE |
| | |
| PRINTED NAME OF FACULTY MEMBER | COLLEGE/DEPARTMENT |
| FORWARD TO DEPARTMENT CHAIR AND DEAN | |
| | |
| SIGNATURE -DEPARTMENT CHAIR | DATE |
| SIGNATURE -COLLEGE DEAN | DATE |
| FORWARD TO FACULTY AFFAIRS (BH-276) | |