Academic Personnel
Form AP 140

APPLICATION FOR PRE-RETIREMENT REDUCTION IN TIME BASE PROGRAM (PRTB)

CALIFORNIA POLYTECHNIC STATE UNIVERSITY, SAN LUIS OBISPO

MUST BE COMPLETED SIX MONTHS PRIOR TO EFFECTIVE YEAR

NAME OF APPLICANT _____
Last First Middle

I. Request for Participation

A. Age and Eligibility Requirements

I hereby certify that I am at least 55 years of age but not more than 65 years of age at the time of entry into this program (date of birth _____). I understand that participation in the PRTB program is open to tenured faculty unit employees. I have been employed full time in the CSU for at least ten years (date of initial appointment_____), of which the five immediately preceding the effective date of the PRTB program were years of continuous full-time employment (leaves without pay do not count as time served toward this five years requirement).

B. Length of Participation

I understand that academic year employees may start on the PRTB program only at the beginning of the academic year; twelve-month employees may start at the beginning of the fiscal year. The PRTB program shall provide a reduction in time base to average two-thirds, one-half, or one-third of full time for a maximum of five consecutive years.

I request participation in this program beginning with the _____ academic year and continuing through the _____ academic year. I plan to retire at the conclusion of this period. If I do not retire following this reduced workload agreement, I shall not return to full-time employment unless approved by the President or designee. However, I understand that I may be eligible to continue at the reduced level of employment as a tenured part-time faculty unit employee outside the PRTB program, or apply to the Faculty Early Retirement Program (see Article 29).

C. Salary/Benefits

I understand that, for payroll purposes, I will receive the pro rata salary at the reduced time base for the entire academic year or fiscal year and that such salary shall be paid in 12 equal payments. I will maintain full retirement credit and deductions related to PERS and STRS based upon full-time rate of pay. For OASDI, the rate shall be on the actual amount of remuneration. Health, dental and other appropriate benefits available to full-time faculty unit employees shall be available on the same basis. Sick leave shall be accrued on a pro rata basis. The time base shall be considered full time for the purpose of restrictions on additional employment as provided in Article 36 of the Faculty Unit Contract, Additional Employment. I shall not be eligible for sabbatical leave or leave with pay. If I fail to meet my employment commitment, salary adjustments or repayment of an overpayment may be required and such an adjustment or required repayment shall not be the basis of a grievance.

D. Time Base Adjustment

I understand that participants are required to perform the appropriate pro rata share of their employment obligation. For academic teaching employees this is based on 12 units per term direct teaching duties and 3 units per term indirect teaching duties; employment obligations for twelve-month employees are averaged over twelve months.

I request my time base be reduced to : 2/3 time base _____ 1/2 time base _____ 1/3 time base

E. Workload Adjustment

I prefer to fulfill my employment obligations by working the following quarters/months: _____ at the following time base: _____ (e.g., 1/3 time base could be fulfilled by working either full time one quarter, or 1/2 time for two quarters, or 1/3 time for three quarters). Please specify the exact quarters (if you are an academic year employee) or months (if you are a 12-month employee) you prefer to work. I understand my workload, if approved, may vary from term to term as long as the average workload per year is equivalent to my reduced time base.

II. Agreement of Applicant: I have read Article 30 of the Faculty Unit Contract, Pre-Retirement Reduction in Time Base. I confirm my eligibility and understand and agree to the purpose, conditions of participation, salary and benefits regarding the Pre-Retirement Reduction in Time Base Program.

_____
Employee's Signature Date

III. Endorsements: Having reviewed the applicant's request for participation in the Pre-Retirement Reduction in Time Base Program, approval is recommended:

_____ _____
Department Head/Chair Date Dean Date

IV. Review by Academic Personnel:

_____
Associate Vice President, Academic Personnel Date

V. Approval by Provost and Vice President of Academic Affairs:

_____
Provost and Vice President for Academic Affairs Date