



Name \_\_\_\_\_  
Last First Middle

College/Division: \_\_\_\_\_ Department: \_\_\_\_\_

CSU ID#: \_\_\_\_\_ Position: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Academic Year of Entry into PRTB Program: \_\_\_\_\_ Reduced Time Base Request: \_\_\_\_\_  
(ex. .67 or .50 or .33)

Estimated Length of Time as a Participant in the PRTB Program: \_\_\_\_\_

Will you be at least 55 years of age and not yet 65 years? Yes No

Are you a Tenured faculty/librarian/counselor? Yes No

Have you worked a minimum of 10 years at full-time in the CSU system? Yes No

Have the five years immediately preceding the PRTB program been continuous and full-time? Yes No

I understand that such an appointment is subject of the requirements of Title 5, California Administrative Code Section 43150-43155 (Pre-retirement) and the California Faculty Association CBA, Article 30. I hereby make application for the pre-retirement program and certify that the information given is true to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Recommendation of Department Chair:**

Recommended

Not Recommended

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Date

**Recommendation of College Dean:**

\_\_\_\_\_  
Dean Signature

\_\_\_\_\_  
Date

**APPROVAL:**

Yes

No

\_\_\_\_\_  
Signature of the Provost (*Designee for the President*) Date