



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 to 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.

Signature of Applicant

Date

Recommendation of Department Chair:

_____ Recommended _____ Not Recommended

Signature

Date

Recommendation of College Dean:

_____ Recommended _____ Not Recommended

Signature

Date

APPROVAL:

Yes No (Comments Attached)

Signature of the Provost (*Designee for the President*)

Date