

Complete form and send to the AVP, Faculty Affairs, 0021 via your Chair and Dean.

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

College \_\_\_\_\_ Department \_\_\_\_\_

Employee ID # \_\_\_\_\_ Rank \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Will you be between the age of 55 and 64 when you enter the PRTB program? 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 at 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). 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:**  
 \_\_\_\_\_ Recommend \_\_\_\_\_ Not Recommend

**Recommendation of College Dean:**  
 \_\_\_\_\_ Recommend \_\_\_\_\_ Not Recommend

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Signature/Date

**University Action:**  
 \_\_\_\_\_ Approve \_\_\_\_\_ Deny

**Reason for Denial:**

\_\_\_\_\_  
AVP/FA Signature/Date

Applicant  Chair/Director/Division Head  Dean  Human Resources Benefits/Personnel  Personnel Action File \_\_\_\_\_