



### FACULTY APPLICATION FOR EARLY RETIREMENT FORM

The application must be completed in consultation with the Department Chair and must be approved by the appropriate parties; and approval shall be contingent in part upon the ability of the department to maintain its offerings or services.

An approved application must be submitted to the College President no later than the fifth Friday of the semester prior to the semester in which the Early Retirement Program is to begin. The College President shall then make a recommendation to approve the application to the Board of Trustees.

NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_  
 BANNER G# \_\_\_\_\_ CAMPUS: WVC  MC   
 Total Banked Leave Balance: \_\_\_\_\_ Are you over 55?  Yes  No  
 Do you have ten years of service with the District?  Yes  No

Type of Early Retirement Program Selected (Check one)

- 1. STRS Reduced Workload Program
- 2. Combination STRS Reduced Workload Program and Phase-In Retirement
- 3. Phase-In Retirement
- 4. Pre-Retirement Banked Load Leave

Have your last three years with the District been full time (for options 3 and 4 above)?  Yes  No

Have your last five years with the District been full time (for options 1 and 2 above)?  Yes  No

Duration of Early Retirement Program:  One Year  Two Years  Three Years  Four Years  Five Years

Effective Date on which the Early Retirement Program will begin (must be first duty day of a semester) \_\_\_\_\_

The total percentage of contract member is proposing to work each semester (duration of program may not exceed five years)

Fall Semester				Spring Semester			
	Year	% will work	* % Unpaid or from Banked		Year	% will work	* % Unpaid or from Banked
Fall				Spring			
Fall				Spring			
Fall				Spring			
Fall				Spring			
Fall				Spring			
Fall				Spring			

Effective Date of Retirement: \_\_\_\_\_ *\* If you are choosing a % to be unpaid or bank, you need to indicate what you prefer. For example: "50% unpaid" or "50% bank" needs to be written in the column for each semester.*

\_\_\_\_\_  
Signature of Employee \_\_\_\_\_  
Date

APPROVED

NOT APPROVED

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Vice President of Instruction

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of College President

\_\_\_\_\_  
Date