

SAN JOSÉ STATE UNIVERSITY ♦ OFFICE OF FACULTY AFFAIRS

Pre-Retirement Time Base Reduction Program Request Form

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

Name _____
Last First Middle

Rank _____ Phone Number _____

College _____ Department _____

Social Security Number ____/____/____ Date of Birth ____/____/____ Age _____
Present Age

Academic Year of Entry into Program _____ Reduced Time Base Requested _____
(Fraction of Time)

Number of years of full-time service at SJSU _____

Appointment history for last five years:

Academic year	Fall/Fraction of Time	Spring/Fraction of Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Signature/Date

Recommendation of College Dean:

_____ Recommend _____ Not Recommend

Signature/Date

University Action:

_____ Recommend _____ Not Recommend (see remarks below)

AVP/FA Signature/Date

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