

**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 \_\_\_\_\_

Employee ID # \_\_\_\_\_ 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:**

\_\_\_\_\_ Approve \_\_\_\_\_ Deny (see remarks below)

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

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