



FERP APPOINTMENT CHANGE REQUEST

Those wishing to request a change in their FERP term of employment from full-time in one semester to another semester or from working full-time in one semester to half-time in both semesters must complete this form and route for review and signature. Approvals are not guaranteed and program needs must be taken into consideration per [article 29.3](#) of the CBA.

Name: _____ EMPLID: _____

College: _____ Department: _____

FERP Term of Employment: **Fall Semester** **Spring Semester** **Half-Time Academic Year**

Requesting to Change to: **Fall Semester** **Spring Semester** **Half-Time Academic Year**

Briefly indicate the reason for the requested change: (Attach additional documentation if applicable)

By signing below, I understand this is a **requested** change and must be approved by the Provost prior to the change being implemented.

Signature of Requester

Date

RECOMMENDATION OF DEPARTMENT CHAIR/DIRECTOR:

The applicant's request for change has been reviewed.

_____ Recommend Approval

_____ Do NOT Recommend Approval

Department Chair/Director Name

Signature

Date

Comments:

Requester Name:_____
Department:_____

RECOMMENDATION OF DEAN/ADMINISTRATOR:

The applicant's request for change has been reviewed.

_____ Recommend Approval _____ Do NOT Recommend Approval

_____	_____	_____
Dean/Administrator Name	Signature	Date

Comments:

<p>**Please forward completed request form with Dean & Department Chair signatures to the Office of Faculty Affairs (OFA), Sacramento Hall 155, via campus mail to zip 6136, or by e-mail to facultyaffairs@csus.edu. OFA will then forward requests to the Provost for review and consideration and send notification of the final decision.</p>

DECISION OF PROVOST (as President's Designee):

The applicant's request for change has been reviewed.

_____ Recommend Approval _____ Do NOT Recommend Approval

_____	_____	_____
Provost	Signature	Date

Comments:

c: Dean
 Department Chair
 Employment file