



SECTION I – To Be Completed by Employee's Appropriate Administrator (or designee)		
Name of Retiring/Retired Staff Member:	Employee ID:	Retirement Date:
Departments(s):		Years of Service:
Home Address of Retiring/Retired Staff Member:		
Comments:		

Name of Individual Completing this Form:

Name and Title/Signature

Phone

Date

Is Recommendation Letter outlining rationale attached?

Yes

No

SECTION II – To be Completed by Dean/AVP	
Dean/AVP recommends award of emeritus status:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	

Name and Title/Signature

Date

SECTION III – To be Completed by Provost/Division VP	
Provost/Division VP recommends award of emeritus status:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	

Name and Title/Signature

Date

SECTION IV – To be Completed by President's Office	
Office of the President approves award of emeritus status:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	

Name and Title/Signature

Date

Date letter was mailed to staff member and status was conferred: