

**Recommendation for Emeritus Status**

**Name of Nominee:**

**Select classification:**

**Years of full-time service:**

**Position:**

**Department:**

**Division:**

**Submission Date of Separation PAR:**

**Please attach appropriate comments justifying this request to the form.**

|  |
| --- |
|  |
| Hire Date: |       |
| Retirement Date: |       |
| Employee Emeritus Classification: |  |
| Mailing Address: |       |

**Supervisor Signature** Date

**Director/Dept. Unit Head Signature (if applicable)** Date

**AVP/Dean Signature (if applicable)** Date

**Vice President Signature** Date

 Approved Not Approved

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**President Signature Date**