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**