



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