



## 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:	

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<b>Supervisor Signature</b>	<b>Date</b>
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<b>Director/Dept. Unit Head Signature (if applicable)</b>	<b>Date</b>
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<b>AVP/Dean Signature (if applicable)</b>	<b>Date</b>
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<b>Vice President Signature</b>	<b>Date</b>
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Approved                      Not Approved

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<b>President Signature</b>	<b>Date</b>
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