

## **Emeritus Staff Eligibility Recommendation Form**

| SECTION I – To be completed by employee or designee. Return to retiring employee's supervisor. |                   |
|--|-------------------|
| Name of Retiring/Retired Staff Member:   | Retirement Date:  |
| Department(s):   | Years of Service: |
| Comments:  |                   |

Name of individual completing and submitting this form:

| Name and Title  | Date                             |
|---|----------------------------------|
| Is a letter of recommendation outlining rationale attached? | Yes No                           |
| SECTION II – To be completed by Immediate Superv            | visor and Leadership Team Member |
| Immediate Supervisor recommends award:                      | Yes No                           |
| Signature   |                                  |
| Leadership Team member recommends the award:                | Yes No                           |
| Signature   |                                  |

| SECTION III – To Be Completed by Human Resources.                            |  |  |
|--|--|--|
| Human Resources: Employee is in good standing and eligible for award: Yes No |  |  |
| Signature  |  |  |
| Comments:  |  |  |
|  |  |  |

| SECTION IV- To be completed by the President in consultation with the Leadership Team |        |  |
|---|--------|--|
| President of University recommends the award:   | Yes No |  |
| Signature   |        |  |
| Comments:   |        |  |
|   |        |  |

Final decision should be shared with Human Resources for final processing.