

Faculty Post Retirement Approval Form

Employee Information

Name: _____		
First	M.I.	Last
S#: S _____	Phone #: _____	
Department: _____	Date: _____	
Hire Date: _____	Transition Year Dates: _____	
Base Salary: _____	Transition Year Salary: _____	
Budget Officer: _____		
Print Name	Signature	Date
Human Resources Director: _____		
Print Name	Signature	Date

Approval Signatures

Faculty Member: _____	_____	_____
Print Name	Signature	Date
Dean: _____	_____	_____
Print Name	Signature	Date
Provost: _____	_____	_____
Print Name	Signature	Date
President: _____	_____	_____
Print Name	Signature	Date