



# OFFICE OF HUMAN RESOURCES REEMPLOYMENT AFTER RETIREMENT

Employee Name: \_\_\_\_\_ N-Number: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Class: \_\_\_\_\_ Department Name: \_\_\_\_\_

Position Number: \_\_\_\_\_ Suffix: \_\_\_\_\_ Index: \_\_\_\_\_ Fund: \_\_\_\_\_ Org: \_\_\_\_\_

Biweekly Rate: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Justification (Please include budget implications):

*This form requires signatures of the employee's immediate supervisor and the division Dean/Vice President. Please return the original to Human Resources for approval and HR will obtain President approval.*

Immediate Supervisor \_\_\_\_\_ Date: \_\_\_\_\_ Dean, Vice President or Designee \_\_\_\_\_ Date: \_\_\_\_\_

Vice President Human Resources or Designee \_\_\_\_\_ Date: \_\_\_\_\_ President or Designee \_\_\_\_\_ Date: \_\_\_\_\_