

University of Illinois at Urbana-Champaign
Request Form for Re-Employment of a U of I Retiree

Retiree Name _____
(Name should be listed as it appears in Banner)

UIN _____

Position(s) Prior to Retirement (List main position here; attach sheet listing other additional positions if applicable.)

Title	Unit / Campus	Retirement Date	FTE Appt (%)
Annual Salary	Source of Funds		

Proposed Re-Employment

Proposed Title	Unit/Department	Service Begin Date	Service End Date	FTE Appt % (0% if hourly)

Proposed Monthly Salary Rate (Hourly if appropriate)	Total Salary Cost for Period of Service ¹	Source of Funds / % Time	If grant funded, total amount of grant
		<input type="checkbox"/> % State <input type="checkbox"/> % Grant <input type="checkbox"/> % ICR <input type="checkbox"/> % MSP <input type="checkbox"/> % Self-Supporting	

¹ Please estimate for hourly appointment

Proposed Appointment: Category

- Please check the type of appointment you are requesting.
- | | | |
|---|---|---|
| <input type="checkbox"/> Retired faculty who teach courses, advise students & Perform related duties on a part-time occasional basis. | <input type="checkbox"/> Retired faculty or staff who conduct research on appointments funded by grants and contracts. | <input type="checkbox"/> Other; explanation attached. |
| <input type="checkbox"/> Retirees who are appointed as academic hourly on a temporary basis. | <input type="checkbox"/> Retirees who are appointed on a temporary basis to perform staff functions when other options are not feasible.(i.e., Visiting, Interim, Acting) | |

Proposed Job Description / Justification / Employment Procedure

Job Description (Attach sheet if additional space is required.):

Justification (how this rehire will provide a clear and substantial benefit to the University) (Attach sheet if additional space is required.):

Approval is being sought to reappoint via the following employment procedure (check):

- Retiree selected as a result of an open search.
- Contractual obligation as under a formal retirement agreement.
- Waiver of search with appropriate rationale (attach Equal Opportunity and Access approval).
- Hire exempt from search process per campus Equal Opportunity and Access guidelines.

Approval Decision

Unit or Department Head	_____	Date	_____
Dean or Equivalent	_____	Date	_____
Chancellor or designee (This appointment does not require further Board of Trustees approval.)	_____	Date	_____
-OR-			
Approved by the Chancellor or designee and approved by the Board of Trustee	Date of Board of Trustees approval	_____	

Forward this form to: Elyne Cole, Associate Provost for Human Resources; Swanlund Admin. Bldg.; MC-304