

RETIREMENT FORM FOR HSC SOM FACULTY

Name: _____ Banner ID: _____

Department: _____ Division: _____

Date submitted to Department Chair or Division Chief: _____

Last day on site: _____

Last day of paid employment: _____

Number of hours of annual leave to be used before termination date: _____

Annual leave hours to be paid: _____ Banner Index: _____

According to the annual leave policy 3400.7.2, "employees are paid for unused accrued annual leave, not to exceed the following maximum limits of 252 hours."

Will you be rehired as a working retiree: ____ Yes, ____ No? If yes, the department will need to submit the following hiring packet to the Faculty Hiring & Contracts Office.

Working Retiree Hire Request Form

- * Justification Memo
- * Letter of Offer
- * Faculty Supplemental Retirement Form
- * SOM-1- School of Medicine only
- * PRC Approval

Faculty Member: _____
Date

Division Chief: _____
Date

Department Chair: _____
Date

Dean: _____
Date