

Name: _____

NEW Post-retirement appointment

RENEWAL Post-retirement appointment

_____ years renewed to date

Faculty

Staff

Personnel Number: _____

Position title: _____

Department: _____

Beginning Date: _____ Ending Date*: _____ Retirement Date: _____

* Appointment cannot exceed 12 months. Example: July 1 – June 30

Job Summary:

Funding Source(s): _____

Appointment FTE Percentage: _____

Post-Retirement Salary: _____
(include whether hourly or salaried)

Department Chair and/or Unit Director Signatures:

Notes:

For faculty post-retirement appointments, this form must be signed by the department chair.

Faculty and staff with civil service appointments must have at least a three calendar day gap between the retirement date and the beginning of the post-retirement.

Personnel must undergo a performance review before post-retirement appointments may be renewed.

Routing: After the unit director and/or department chair have signed this form, route to the Office of the Assistant Dean for Academic Administration, L-104 AgN through campus mail or scan and attach to email to Megan.Lucy@uky.edu.

(This section is completed by the Office of the Assistant Dean for Academic Administration.)

Dean's Approval: _____ Date: _____

Provost's Approval: _____