



**Request to Employ University System of Georgia Retiree
--- FOR UGA FACULTY POSITION ---**

Payee Information

Payee's Name: _____ Last 4 Digits of SSN: _____

Status at Retirement: UGA Faculty UGA Staff* Other USG Employee* *Faculty Appt Pkg Required

Retirement Effective Date: - 01 - Rank/Title at Retirement: _____

UGA Unit/USG Institution at Retirement: _____ Dept Number (if UGA): _____

Annual Salary at Retirement: \$ _____ Retirement Plan: TRS ORP

I certify that I am retired from the University System of Georgia and I understand that my work commitment must be less than 49% time at the University of Georgia or in combination with hours worked at any other units of the University System of Georgia. I will notify this hiring unit if I plan to work for multiple units of the University System of Georgia.

Payee's Signature Date

UGA Department Requesting Services and Description of Services & Funding

Department Name: _____ Dept Number: _____

Requested Rank/Title: _____

Fiscal Year: _____ Employment Begin Date: _____ Employment End Date*: _____ *Cannot cross fiscal years

Requested Annual Salary \$ _____ Requested EFT _____ Requested Total Amt to be Paid* \$ _____

Annual salary rate based on:

Activity (must total 100%): Instruction % Research % Public Service % Administration %

Funding Source(s) (must total 100%): State % Sponsored % Auxiliary %

REQUIRED: Total number of fiscal years you have rehired this part-time retiree _____

Description of Activities and Critical Need for Rehired Employee (attach additional sheets as necessary)

Recommended By:

I certify that the monthly compensation will not exceed 49% of the authorized annual salary rate, the individual's work commitment will be less than 49% time, the activity percentages accurately reflect the work to be performed, and the funding source is appropriate for the description of activity percentages.

Department Head/Director Date Dean/Vice President Date

Route completed form to Office of Faculty Affairs for tracking and institutional approval

I approve the request as described above.

Senior Vice President Date President Date