Dept Contact Information

Name:

Phone:

Email:

The University of Georgia

Human Resources

Print

Reset

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

Payee Information

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

Status at Retirement: UGA Faculty ☐ UGA Staff ☐ Other USG Employee ☐

Retirement Effective Date: ____ (mm) – 01 – ____ (yyyy) 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 -Cannot be signed prior to TRS payee's retirement date

UGA Department Requesting Services and Description of Services & Funding

Department Name: _____ Dept Number: ____

Requested UGA Job Class Title: _____

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

Requested Annual Salary $ _____ Requested EFT ____ Requested Total Amt to be Paid* $ _____ **Must be less than 49%*

Annual salary rate based on: Please Select

Payroll Type: Please Select Hourly Rate of Pay*: $ _____ **Only if on hourly payroll*

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

**UGA Staff and Other USG Retired Employees are not approved to teach UGA academic courses*

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 Human Resources for tracking and institutional approval.

I approve the request as described above.

Senior Vice President Date President Date