

Name: _____
Phone: _____
Email: _____



The University of Georgia

Office of Faculty Affairs

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

Payee Information

Payee's Name: _____ UGA ID: _____
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 no more 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: _____ Contract Type: _____
Fiscal Year: Employment Begin Date: Employment End Date*: *Cannot cross fiscal years
Annual salary rate based on: _____
Requested Annual Salary \$ Requested EFT Requested Total Amt to be Paid*\$ *Must be no more than 49%
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 no more 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



Summary Data

Retiree's Name

Department Name Rank/Title

Annual Salary EFT Total number of fiscal years rehired

Amount to be Paid (No more than 49%)

Percent Requested Instruction Research Extension Admin

Amount Requested Instruction Research Extension Admin

Account Number(s)

Notes on Rehiring Retirees

- a. Rehires beyond one year should be the exception; for rehires beyond two years, provide justification to show unusual circumstances.
- b. If there is a need that exists beyond one year, consider hiring a temporary or regular employee.
- c. Do not enter into rehire agreements with active employees before they retire, as it violates state policy.

Associate Deans' Approval

eSignature	Comments
Associate Dean for Instruction _____	
Associate Dean for Research _____	
Associate Dean for Extension _____	