

Eastern Michigan University Retirement Party Form

SECTION TO BE COMPLETED BY THE DEPARTMENT

Name of Future Retiree (print)	First	Middle	Last	Employee ID
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Date of the Retirement (Mo./Day/Yr.)		Date of the Event (Mo./Day/Yr.)		
/ /		/ /		
Name of Department Head (print)	First	Middle	Last	Department Name
Department Head Signature: _____ Date: ____ / ____ / ____				

SECTION TO BE COMPLETED BY HUMAN RESOURCES

Employee Date of Hire (Mo./Day/Yr.)	Employee Years of Service	Employee Classification
/ /		
Amount Approved: \$		
Authorization Signature: _____ Date: ____ / ____ / ____		
Fund Org G00005		
Banner Org 123050	Sharreen Boone: Director, Benefits Programs	

** Use of this funding, for any activities that are in violation of University policy, is strictly prohibited.*

** Any necessary funding in excess of the authorized dollar amount must be paid for by personal money or a designated University development fund.*