

EASTERN MICHIGAN UNIVERSITY EMERITUS STAFF STATUS RECOMMENDATION

The Department/Office of reco	mmends the a	warding of Emeritus Staff Sta	atus for the following	
retiring/retired staff member:				
Name of staff member:				
Title upon retirement:				
Date of hire at EMU:	F	Retirement date:		
Number of years at EMU: (M	inimum of 15 y	vears of service required)		
Please complete the following information or This information is needed for inclusion in the			ng this recommendation.	
Home address:				
Home telephone: ()		E-mail address:		
Name of spouse:				
Degree(s)/institutions/year: Baccalau	ureate:			
Masters	:			
Doctora	1:			
Please attach 2 letters of support to	this applicat	<u>ion</u>		
Recommended by	Date	Recommended by	Date	
Department Head and/or Supervisor	Date			
Executive Council Member	Date			
President	Date			
Date Submitted to Board of Regents				

After the Executive Council member signs, please forward this form and letters of support to: CFO, 101 Welch Hall. Upon approval of the President, the recommendation will be sent to the Board of Regents. Emeritus Staff status is contingent upon the approval of the Board of Regents. The above information will be kept on file in the Office of the Chief Financial Officer.