

## EMERITI REQUEST FORM FOR ADMINISTRATORS AND STAFF

Human Resources and Inclusive Excellence

http://hr.fullerton.edu/

This is a request form to designate an administrator or staff member as an Emeriti. Emeriti status is an earned honor and shall be granted by the President. Staff and administrators must meet the criteria indicated below for consideration.

| Date of request:  | Initiator's Name: |                                 | Initiator's Department: |             | Initiator's Extension: |                   |
|---|-------------------|---------------------------------|-------------------------|-------------|------------------------|-------------------|
| Retirement Date:  | Dr./Ms./Mr.:      | Employee Requesting Emeritus St | atus:                   | CWID:       | Years of<br>Service    | Faculty or Staff: |
| Home Address:   |                   |                                 |                         | Department: |                        | Division:         |
| Emeriti status will be granted at the highest classification held while employment. Please indicate classification and working title. |                   |                                 |                         |             |                        |                   |
| CRITERIA:   |                   |                                 |                         |             |                        |                   |
| Retire in good standing with a minimum of ten (10) years of full-time employment to     California State University, Fullerton.       |                   |                                 |                         |             |                        |                   |
| 2. Upon death while employed at the University.   |                   |                                 |                         |             |                        |                   |
| 3. Honorably and consistently performed high quality work at California State University, Fullerton.                                  |                   |                                 |                         |             |                        |                   |
| 4. Attach a memorandum of recommendation.   |                   |                                 |                         |             |                        |                   |
| REVIEW:   |                   |                                 |                         |             |                        |                   |
| Dean/Director:  |                   |                                 | Recommended: ☐ Yes ☐ No | Date:       |                        |                   |
| Provost or Vice President:  |                   |                                 | Recommended: ☐ Yes ☐ No | Date:       |                        |                   |
| FOR HRIE OFFIC  | E USE ONLY        | :                               |                         |             |                        |                   |
| G.S.: Y.O.S.:   |                   |                                 |                         |             |                        |                   |
| Vice President for Human Resources and Inclusive Excellence:  |                   |                                 |                         |             | Date:                  |                   |