



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

Payee Information

Payee's Name: _____

Status at Retirement: UGA Faculty UGA Staff Other USG Employee

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-Cannot be signed prior to 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 no more than 49%*

Payroll Type: _____ 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 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/Associate Vice President

Date

Route completed form to Human Resources for tracking and institutional approval.

I approve the request as described above.

Vice President/Provost

Date

President

Date