



**REQUEST FOR RE-HIRING UNIVERSITY OF ILLINOIS RETIREE FOR FACULTY COURTESY APPOINTMENT**

**Reference:** [UIC FPPG 904: Policy on Re-Hiring University of Illinois Retirees](#)

| <b><u>Retiree Information</u></b>                       |                                  |                         |  |                 |
|---|----------------------------------|-------------------------|--|-----------------|
| Name (as it appears in Banner):                         |                                  |                         | UIN:                                   |                 |
| <b><u>Position(s) Prior to Retirement</u></b>           |                                  |                         |  |                 |
| Title   | Unit                             | College (if applicable) | Campus                                 | Retirement Date |
|   |                                  |                         |  |                 |
|   |                                  |                         |  |                 |
|   |                                  |                         |  |                 |
|   |                                  |                         |  |                 |
|   |                                  |                         |  |                 |
| <b><u>Proposed Courtesy Appointment Information</u></b> |                                  |                         |  |                 |
| Title:  |                                  | Unit:                   | College:                               |                 |
| Start Date:   | End Date:                        | Banner Position Number: |  |                 |
| Emeritus/Emerita Title (if applicable):                 |                                  |                         | Emeritus/Emerita Date (if applicable): |                 |
| Reason for Courtesy Appointment:                        |                                  |                         |  |                 |
|   |                                  |                         |  |                 |
| <b><u>Requesting Unit Information</u></b>               |                                  |                         |  |                 |
| Unit Name:  |                                  | Unit Contact Name:      |  |                 |
| Unit Contact Phone #:                                   |                                  | Unit Contact E-Mail:    |  |                 |
| <b><u>Approvals</u></b>                                 |                                  |                         |  |                 |
|   |                                  |                         |  |                 |
| Unit Executive Officer Printed Name                     | Unit Executive Officer Signature | Date                    |  |                 |
|   |                                  |                         |  |                 |
| Dean or Equivalent Printed Name                         | Dean or Equivalent Signature     | Date                    |  |                 |
|   |                                  |                         |  |                 |
| Faculty Affairs Printed Name                            | Faculty Affairs Signature        | Date                    |  |                 |
|   |                                  |                         |  |                 |