

REQUEST TO THE JOINT COMMITTEE OF THE SENATE AND THE BOARD OF GOVERNORS

- ONLY ONE REQUEST PER FORM

				DATE			T-
				YEAR	MONTH	DAY	
SUBJECT: <b>Professor Emeritus</b>							
FACULTY, SCHOOL				DEPARTMENT			
ACCOUNTING PLAN - FOAP				POSITION NO. (REGULAR POSITION VS SUPPLEMENT)	POSITION CLASS	EMPLOYEE CLASS	
FUND	ORGANIZATION	ACCOUNT	PROGRAM				
EFFECTIVE DATES				FROM	TO	SALARY	
YEAR	MONTH	DAY	YEAR	MONTH	DAY	\$	<input type="checkbox"/> ANNUAL <input type="checkbox"/> PERIOD
• The following boxes should be completed only if the form requests an action concerning an employee; write this employee's name and employee number.							
SURNAME				GIVEN NAMES			EMPLOYEE NUMBER

DESCRIPTION OF REQUEST :

NAME

\_\_\_\_\_

DATE

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

NAME

\_\_\_\_\_

DATE

\_\_\_\_\_

SIGNATURE (VICE-PRESIDENT)

\_\_\_\_\_

FOR ADMINISTRATION USE ONLY