

UC ANR ACADEMIC HUMAN RESOURCES (AHR) Post-Retirement Appointment Recall to Active Service - Rehire Request Form

Appointee's Name: _____

ANR Unit (*Payroll Home Dept*): _____ Position Location: _____

Appointment Period: _____

Title, Rank and Step at Retirement: _____

Appointment Monthly Percent Time: _____

Description of Fund Source: _____

Account/Subacct#/Project/Object: _____

For AHR use only: Exempt (monthly-paid) Non-Exempt (hourly-paid) Title Code: _____

Check if you are requesting one or more of the following:

Principal Investigator (PI) Status

Access to Donor Account(s)

Staff Supervision Assistance

Administrative Support

Office Space

Other: _____

Please attach a justification summary with plan of work activities including all impacts and outcomes.

Reviewed by:

Program/REC/County Director or Immediate Supervisor Signature Date

BOC/ Other Responsible Financial Officer Signature Date
(for fund verification only)

Academic HR Manager Signature Date

Approved by:

Vice Provost/ Associate Vice President Signature Date