UC ANR ACADEMIC HUMAN RESOURCES (AHR) Emeritus Work Plan Agreement

Requested Date:		
Name:		
Effective Period:		
☐ Attach a summary of planned outcom	e(s) & impact(s) from antici	pated program activity.
Check if you are requesting one or more of	of the following:	
 □ Principal Investigator (PI) Status □ Access to Donor Account(s) for p □ Staff Supervision Assistance □ Administrative Support □ Office Space □ Other 	,	ch
NOTE: All planned expenditures allocated to various prior approval by the county director or impresearch. Various donor accounts should not to submission to Academic HR. Work plan agreements are approved for a renewed must submit a new request.	nmediate supervisor. Various on be spent completely. A financial	donor account use is to complete existing I review shall be completed by the BOC prior
Reviewed by:		
UCCE County Director/Immediate Supervisor	Signature	Date
Statewide Program Director (if applicable)	Signature	Date
BOC/SWPR Financial Control (if applicable)	Signature	Date
Academic HR Manager	Signature	Date
Approved by:		
Vice Provost	Signature	Date