

In accordance with the Post Retirement Employment Policy, this form is required for instances of retiree re-employment (including full-time and part-time on both eligible and non-eligible benefits earning positions) where the retiree previously worked in the same department and a similar job. This form is not required when the Retiree is rehired in a different department and / or job. Complete this form, obtain all required signatures and submit to Human Resources along with the supporting documentation. This approval must be obtained before extending an official employment offer to the candidate.

Name of Candidate: _____ GEMS Employee ID#: _____

Date candidate last employed at USF: _____

Position Title: _____ Position #: _____

VP Area: _____ Department: _____

Type of appointment requested:

- Faculty / Positioned
 Faculty / Adjunct
 Administration
 Staff
 Temporary

Contact Person Name: _____ Title: _____

Phone: _____ E-mail Address: _____

Circumstance / reason for requesting approval (check one and provide a written justification for the proposed rehire as an addendum to this form):

- Limited in time to no more than twelve (12) months for the purpose of allowing an adequate search process to identify and hire a replacement.
- In response to a bona fide emergency or exigency requiring the unique skills and expertise of the employee and limited in time to the duration of the emergency situation.
- Due to the lack of qualified applicants capable of performing the assigned duties of the position after a diligent search process has been undertaken (attach copy of recruitment worksheet).
- To avoid an adverse impact upon an externally funded research project, center or engagement (attach justification).

Note: Candidate qualifications must be approved by Human Resources.

SIGNATURES (All signatures must be obtained for form to be approved)

Department Chair or Director: _____ Approved Disapproved
 Signature: _____ Date: _____

Name of Dean/Director or Designee: _____ Approved Disapproved
 Signature: _____ Date: _____

Name of Vice President or Designee: _____ Approved Disapproved
 Signature: _____ Date: _____

Name of President or Designee: _____ Approved Disapproved
 Signature: _____ Date: _____