

THE UNIVERSITY OF MEMPHIS[®]

Post-Retirement Service Program Temporary Appointment Form

This form is for use by departments when re-employing an academic employee under the Tennessee Board of Regents Post-Retirement Service Program. Please submit form to Human Resources each semester the employee is re-employed under this program. The approved original of the Post-Retirement Service Program Agreement is on file in the Department of Human Resources.

Department _____ Name _____ UID _____
Last First MI

Local Address _____ Phone _____

Semester: _____

Credit Instruction: Please provide the following information for each credit course to be taught.

Department Prefix	Course Number	Section Number	Credit Hours	Class Location

Notes:

Non-Instructional Hours: Please describe work.

Terms of Employment:

E Class	Index	Fund	Org	Acct Code	Pgm	Begin (M_D_Y)	END (M_D_Y)	Position #	Pay Rate (MO)
PR									
PR									

Final Academic Year or Fiscal Year base salary prior to retirement: \$ _____ AY / FY

Notes:

To Post-Retirement Service Program Employee:

You are hereby reappointed as a TEMPORARY EMPLOYEE in the Department of _____ with an actual beginning date of _____ and actual ending date no later than _____ for

- _____ credit hours (_____ undergraduate _____ graduate) which is considered _____% FTE (% of full time equivalency each semester)
- _____ non-instructional hours which is considered _____ % FTE

A total salary of \$ _____ will be paid for the semester (excluding salary supplement for health insurance) in three payments; September, October, and November for fall semester, and in February, March, and April for spring semester. The other terms of your employment are covered by your Post-Retirement Service Program Agreement.

Appointee Signature

Date

Signatures

By signing below I indicate that I have reviewed, verified and/or completed the information on this Post-Retirement Service Program Reappointment Form. This reappointment is in keeping with the Post-Retirement Service Program Agreement.

Chair Signature

Date

Dean Signature

Date

Provost Signature

Date

Department of Human Resources Use Only

Monthly Pay Rate	Earnings Code/Assignment Number	FICA	Retirement Code	I-9 Status
	651 (salary)	Med FICA only	None	
	652 (insurance)			

Amount of salary supplement for insurance premiums is \$ _____; to be paid on _____ for _____ and reflects _____ months insurance premiums.
(Insurance plan type and coverage)

HR-Benefits Initials _____ Date _____

Payroll Use Only

Signature _____

Date Entered: _____