

RETIREMENT/EMERITUS/A STATUS

- NEW
 REVISED

EMERITUS/A INFORMATION:

INDICATE IF ELIGIBLE* FOR EMERITUS/A STATUS: YES NO
 IF YES, INDICATE IF ACCEPTING THE STATUS: YES NO
 IF YES, COMPLETE ALL SECTIONS AND SEND TO DEAN
 IF NO TO ANY OF ABOVE, COMPLETE SECTIONS 1 & 2 AND SEND TO DEAN
 IN ALL CASES, INDICATE THAT COPIES OF FORM AND NOTIFICATION HAVE BEEN SENT TO PENSIONS OFFICE BY DEPARTMENT/SCHOOL/FACULTY: YES

RETIREMENT INFORMATION:

- RETIREMENT EFFECTIVE _____
 Note: Retirement is effective day after last day worked
 RETIREMENT NOTIFICATION ATTACHED (required)

SECTION 1:

EFFECTIVE DATE (YYYY-MM-DD)	EMPLOYEE NAME (FIRST) (MIDDLE) (LAST)	EMPLOYEE ID NUMBER
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RETIREMENT ADDRESS (Only if changing from current address on HR System)

COUNTRY	ADDRESS	
CITY	PROVINCE	POSTAL CODE

SECTION 2: For Payroll/Records

ACTION	REASON CODE (ERT, NRT or PRT)	DEPARTMENT	DEPT. CODE
TER			

SECTION 3: If accepting Professor Emeritus/a Status, Status will be effective same day as retirement.

ACTION	REASON CODE	DEPARTMENT	DEPT. CODE
HIR	NPS		
JOB TITLE (Note: If female, has choice of Professor, Librarian or Archivist Emeritus or Emerita)		JOB CODE (choose from codes at right as appropriate)	Professor Emeritus FR1; Professor Emerita FR2; Librarian Emeritus LRL1; Archivist Emeritus LRA1; Librarian Emerita LRL2; Archivist Emerita LRA2

JOB STATUS	STD HRS	VACATION	TYPE	RATE TYPE	AMOUNT	ACCOUNT CODE # 1
√ TF	1.00	NONE	Salaried	MONTHLY	\$ 0.00	DUMMY 100%

Comments:

Chair/Supervisor Authorization _____ Date _____

Dean/UL Authorization _____ Date _____

ER #

Provost and Vice-President (Academic) _____ Date _____

Director, Faculty Relations _____ Faculty Relations _____ P/R _____

SECTION 4: Information required by Secretariat and Ceremonies Office (Forwarded by OFR following signature)

Attending Convocation? <input type="checkbox"/> YES <input type="checkbox"/> NO
If attending, which day? (see http://www.uwo.ca/univsec/senate/ for upcoming Convocation dates)
If attending, one guest ticket required? <input type="checkbox"/> YES <input type="checkbox"/> NO
If attending, common first name?
Does retiree wish to have his/her name added to a distribution listing for future mailings? <input type="checkbox"/> YES <input type="checkbox"/> NO

OFR March 2009

- For faculty eligibility information, see *Retirement and Resignation Article* of the Faculty Collective Agreement.
- For librarian/archivist eligibility information, see *Retirement and Resignation Article* of the L/A Collective Agreement.