**UT Extension Post Retirement**

**Appointment Application**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UT Personnel Number:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Unit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Responsible Account\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My present assignment is (please indicate % effort):**

**\_\_\_\_\_\_%Ag Research %\_\_\_\_\_\_\_CASNR \_\_\_\_\_\_\_%Extension**

**POST-RETIREMENT APPOINTMENT:**

**Participation in the post-retirement term appointment**

**beginning\_\_\_\_\_\_\_\_\_\_\_\_(date) and ending \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).**

**(Appointment is not exceed 960 hours).**

**ASSIGNMENT/DUTIES:**

**I propose that my assignment in this post-retirement term appointment be as follows:**

**\_\_\_\_\_\_\_\_% AgResearch**

**\_\_\_\_\_\_\_\_ % CASNR**

**\_\_\_\_\_\_\_\_ % Extension**

**\_\_\_\_\_\_\_\_ % Total UTIA FTE (must not exceed 50%)**

**Please list all accounts and percentages of salary to be paid:**

**My proposed assignment/duties\* during this appointment would be:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**OTHER COMMENTS/REQUESTS:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approvals:**

**Immediate Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_**

**Director, Dept. Head, Regional Director, Assistant/Associate Dean**

**Human Resources\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_­\_\_\_\_\_**

**Budget Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_**

**Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_**

**Return this form to:**

**Extension Human Resources**

**Deb Welch**

**212 D Morgan Hall**

**2621 Morgan Circle**

**Knoxville, TN 37996**

\*UT Extension reserves the right to assign all job duties and work location on the basis of program needs and/or availability of funding.

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Revised 02/21/2018

Deb Welch