

NAME: _____

DEPARTMENT: _____

PERSONNEL ACTION REQUESTED: ___ Retirement ___ Phased Retirement ___ Resignation
___ Leave of Absence Without Pay ___ Election of Chairperson ___ Other: _____

(STAPLE ORIGINAL LETTER OR MEMO TO THIS FORM DETAILING SPECIFIC PERSONNEL ACTION REQUESTED.)

RECOMMENDATIONS:

Department Chair or supervisor *(print name, followed by signature)* *Date*

Comments: *circle:* Acknowledgement

College Dean or supervisor *(print name, followed by signature)* *Date*

Comments: *circle:* Recommend Not Recommend

Vice President or supervisor *(print name, followed by signature)* *Date*

Comments: *circle:* Recommend Not Recommend

DECISION:

President *(Signature)* *Date*

Comments: *circle:* Approved Not Approved

After receiving appropriate signatures, the President's Office will forward to Office of Human Resources, Room 204 Administrative Services Building, St. Cloud State University, for processing.

