

**St. Cloud State University  
PERSONNEL ACTION PROCESSING FORM**

**Form Instructions:**

- \* The Chair/Supervisor shall complete the request below, attach required documents, and route for recommendation.
- \* For all requests **except** Emeriti Status (full professor), staple the original letter or memo to this form detailing specific personnel action requested.
  - For full professor emeriti: complete the request box below and specify that the 10yr. and "good standing" criteria are met. This form should be routed for recommendation based on these two criteria.
  - For not full professor emeriti: attach a nomination letter from the employee's home department or administrative area to include information on years of service, distinguished service record, and good standing.

**NAME:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

- PERSONNEL ACTION REQUESTED:**
- Retirement       Phased/AEP Retirement       Resignation  
 Leave of Absence With/Without pay       Election of Chairperson       Other:  
 Emeriti Status (full professor)       Emeriti Status (not full professor)

REQUEST	SIGNATURE/DATE
	_____ Department Chair/Supervisor (signature)      _____ Date

RECOMMENDATION	SIGNATURE/DATE	COMMENTS
<input type="checkbox"/> Recommend <input type="checkbox"/> Not Recommend	_____ Dean/Supervisor (signature)      _____ Date	
<input type="checkbox"/> Recommend <input type="checkbox"/> Not Recommend	_____ Human Resources (signature)      _____ Date	
<input type="checkbox"/> Recommend <input type="checkbox"/> Not Recommend	_____ Vice President/Provost (signature)      _____ Date	

DECISION ON REQUEST	SIGNATURE/DATE	COMMENTS
<input type="checkbox"/> Request Accepted/ Approved  <input type="checkbox"/> Request Denied	_____ President (signature)      _____ Date	