



**JUSTIFICATION FOR RE-EMPLOYMENT OF A UCONN HEALTH OR STATE OF CT RETIREE**  
**(To be completed by requesting department manager/Director)**

Form Instructions

This form must be completed in its entirety prior to submission. Form requests with missing information will not be processed and will be returned to the submitter. Prior to completing this form, please observe the following submission criteria.

- **Appointment End Dates:** All appointments will have an appointment end date of December 31st of the calendar year of the appointment. New requests are required to be submitted for all appointments for each calendar year. Human Resources will automatically discontinue all re-employed appointments on December 31<sup>st</sup> unless approval has been received to continue with the appointment into the next calendar year.
- **Calendar Year Work Day Cap:** Re-employed retiree appointments cannot exceed 120 days (or 960 hours) per calendar year.
- **Maximum Number of Appointments:** No more than three (3) 120-day calendar year appointment periods will be approved unless special circumstances outlined in the policy for seasonal workers, researchers, or clinical staff apply.
- **Approval of Funding Source:** Funding source must be approved prior to submission of the request.
- **Business Unit Needs:** Requests and/or terms that exceed the business unit's needs should not be requested.

Section 1: Retiree Information	
Name (Last, First)	Retirement Date:
Name of State agency employed with prior to retirement:	
Last Job title held prior to retirement:	
Has the retiree worked for any State agency since his/her retirement date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the following details on <u>each</u> assignment: length of assignment, position title, department assigned and scope of work performed	
If this individual served as a reemployed retiree for UConn Health previously, list all distinct calendar years the individual worked as a reemployed retiree:	
Is the request to re-employ this individual into the same position as s/he was performing pre-retirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what duties will the individual be performing? Please describe.	
Please describe succession planning efforts for this position; why is it necessary to re-employ this individual instead of recruiting and hiring a non-state retiree to perform these duties (i.e. are there special recruitment challenges, does this position require specialized skills that cannot be performed by others)	



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Section 2-Appointment/Position Information	
What is the term (in Days) of the position appointment you are requesting:	Type of Position (Check all that apply)
	<input type="checkbox"/> General Administrative <input type="checkbox"/> Clinical <input type="checkbox"/> Research <input type="checkbox"/> Seasonal

Section 3-Funding and Wage information	
Is the position self-funded by grants and/or contracts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the end date of the grant/contract funding?	
If no, what is funding source for the position?	
Wage Information	
Wage Requested:	
Indicate pre-retirement wage of last position held:	
What is the university or state minimum salary for the job class commensurate with the assigned duties that the reemployed retiree will be performing?	
<b>For research position that are self-funded by grants and/or contracts:</b> What are the salary terms of the relevant grant(s)/contract(s)?	
Is this request to re-hire into the <b>same</b> position the individual performed pre-retirement at a calculation of greater than 75% of pre-retirement pay:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the reason for the salary exception request?	

Section 4-Requester and Approver(s) (Signature indicates approval)	
<b>Requester Name and Title:</b>	
<u>Department Head Approver</u>	
_____	_____
Printed Name	Signature
_____	
Date	
<u>Dean/Vice President</u>	
_____	_____
Printed Name	Signature
_____	
Date	