

DATE

MEMORANDUM

TO: Pam Benoit, PhD, Provost

FROM: _____

SUBJECT: Permission to rehire retiree **NAME** ID #####

Permission is requested to rehire UAB retiree **NAME** as a **JOB TITLE** in the Department of Medicine, Division of **DIVISION NAME** effective **DATE** as an (04) Irregular at 0.## FTE. **STATE NEED TO REHIRE THIS RETIREE.**

a. Statement of work to be performed.

NAME will _____.

b. Statement of circumstances justifying the employment.

_____.

c. Compensation to be paid to the retiree per month is \$#####

d. Number of hours to be worked by the retiree per month will not exceed ##.

E **NAME** has been counseled concerning potential loss of retirement benefits if total amount earned exceeds applicable maximums.

Approved:

Office of the Chair, Department of Medicine

Approved:

Office of the Dean, School of Medicine

Approved:

Office of the Provost

Please return approve copy to: **DIVISION CONTACT AND EMAIL ADDRESS.** Thank you!