

Kendall Hall Room 104 400 W. 1st Street Chico, CA 95929-0024 530-898-5029 FAX: 530-898-4438

RECOMMENDATION FOR EMERITUS/EMERITA STATUS

Section 1:					
Name of Candidate:				Employee ID:	
Candidate's home mailing address:					
Section 2: For College Office to c	omplete				
Department:		Highest Degree:			
Date of Retirement:		Years of Servic See FPPP 13.4.1.a.2	Years of Service at retirement (FTE): See FPPP 13.4.1.a.2 below		
FERP after retirement? Yes No Da		Date Emeritus/Em	erita is to	*normally the day after retirement date	
A copy of the final	letter will be sent to the	e department, who sh	nould it be	directed to and what is their	campus zip?
Guidelines:					
13.4 Emeritus Status					
13.4.1.a Granting Emeritus Status					
				structional staff member upon the mmendations for conferring emerit	
13.4.1.a.1 Retirement from the California State University, and					
13.4.1.a.2 Having provided ten or more years of full-time service or its aggregated equivalent in part-time service at CSU, Chico, and					
13.4.1.a.3 Meritorious contributions to teaching, scholarship, and/or service to CSU.					
13.4.1.a.4 A faculty member may be approved for Emeritus status posthumously, whether death is prior to, or after, separation from employment.					
13.4.1.b The President of the University, if in agreement, then awards the emeritus title according to the rank last held.					
		SUMMARY OF RE	COMMEN	DATIONS	
RECOMMENDATION	ONS:				
Department Red	commendation	☐ Yes	☐ No	Initials	Date
List Votes	Yes No				
Department Chair Recommendation		Yes	☐ No	Initials	Date
Dean's Recommendation		☐ Yes	☐ No	Initials	Date
Offic	el Review Complete:	Initials _	Date		
Provost's Recommendation		☐ Yes	☐ No	Initials	Date
APPROVAL:					
President		☐ Yes	☐ No	Initials	Date