

UNIVERSITY OF FLORIDA REHIRE EXCEPTION REQUEST FORM

1. Name of employee to be hired _____

2. Reason the exception is being requested

3. What date did the employee retire? (m/y) _____

4. When was the ending date of the employee's DROP period? (m/y) _____

5. Data about requested appointment:

- Title (OPS/Adjunct Faculty/Other) _____
- Duration/dates _____
- Compensation _____ FTE: _____
- Responsibilities/assignment _____

- Funding source (state/grant/other) _____
- Department/College/Unit _____

6. Requesting College/Department/Unit Contact

Name _____

Title _____ Date: _____

Approvals:

Signature: _____ Date: _____
Dean or Director

Signature: _____ Date: _____
Vice President or Senior Vice President
(of requesting area)

Signature: _____ Date: _____
Vice President for Human Resource Services
(As the designee for the Senior Vice President for Administration and the President)