# CALS Zero Dollar Emeritus Appointment request form

Please provide the following information.

Name of Emeritus Appointee:

Expected dates of Emeritus Appointment:

Proposed working title: **Emeritus Professor**

Please briefly detail the responsibilities/relationship the visitor will hold while at UW-Madison.

Please attach a copy of the visitor’s current vitae and any other supporting information you deem helpful to this request.

**Dr.\_\_\_\_\_ retired from the UW on \_\_\_\_\_, but will continue to serve on active projects. The purpose of this zero dollar appointment is to create an appointment where Dr. \_\_\_\_\_ can maintain his research related program and support his continued professional activities and affiliation with the Department of \_\_\_\_\_.**

Please identify whether the $0 Emeritus appointment will require Limited PI status and the supporting reasons or justifications to support the request:

**Dr. \_\_\_\_\_\_ will need Limited PI status because...**

**Or Limited PI status NOT required.**

Please identify the source(s) of funds which will support research/related activities while at UW-Madison:

**XXX**

***Note: This is a $0 appointment. If in the future, if there is an intent to compensate, a revision of this appointment will need to occur.***

My signature indicates I understand and accept the above recommendations and requirements for Emeritus appointees.

Signatures/Dates:

 Research Division Designee: Date:

 Department Chair/Director: Date:

Approved Appointment Title: **D21NN Professor Emeritus**

 Dean/Designee: Date:

*Route to: CALS Human Resources, 240 Agricultural Hall. Upon approval, a signed copy will be returned to the faculty supervisor/mentor, chair/director, and administrator at which time an appointment may be finalized.*