



Appendix A-Retiree Privileges Policy  
Request Form for Emeritus Discretionary Privileges

In Accordance with SUNY Cortland's Retiree Privileges Policy, faculty and professional employees who retire in good standing are eligible for emeritus status, including selected discretionary privileges for those still actively engaged, as defined in the Retiree Privileges Policy. This form will need to be completed for discretionary privileges to be granted. **ALL** requests shall be routed through to the president for final decision.

Full Name: \_\_\_\_\_

Department/Office \_\_\_\_\_

Title: \_\_\_\_\_

Retirement Date: \_\_\_\_\_ Start Date of Discretionary Privilege: \_\_\_\_\_

DISCRETIONARY PRIVILEGES REQUESTED (Please see the SUNY Cortland Privileges Policy for details.)  
Some privileges, not ordinarily granted to emeriti, may be granted by the president based on the individual's needs and continuing relationship to SUNY Cortland. This form should be completed and submitted to the department chair. Please indicate privileges you are requesting:

- Authorization to apply for and continue to work on grants
- Office space on campus - building/room request: Please indicate: \_\_\_\_\_
- Use of research space/facilities - building/room request: Please indicate: \_\_\_\_\_
- Card access/keys - building/room request: Please indicate: \_\_\_\_\_
- Continued use of college equipment: laptop, tablet, etc. Please indicate: \_\_\_\_\_

Anticipated end date for the requested discretionary privileges: \_\_\_\_\_  
(Not to exceed 8/14 of the current Academic Year)

Discretionary Privilege(s) Justification Statement: (Please provide specific details relating to this request.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Employee's Signature* *Date*

A new form must be completed for continued approval, prior to the start of each new academic year.  
(8/15-8/14)

I endorse this request     I do not endorse this request     Other: \_\_\_\_\_

\_\_\_\_\_  
*Department Chair's Signature*

\_\_\_\_\_  
*Date*

I endorse this request     I do not endorse this request     Other: \_\_\_\_\_

\_\_\_\_\_  
*Dean's Signature*

\_\_\_\_\_  
*Date*

I endorse this request     I do not endorse this request     Other: \_\_\_\_\_

\_\_\_\_\_  
*FMPOC Chair's Signature*

\_\_\_\_\_  
*Date*

I endorse this request     I do not endorse this request     Other: \_\_\_\_\_

\_\_\_\_\_  
*Provost's/Vice President's Signature*

\_\_\_\_\_  
*Date*

### President's Recommendation

I approve as requested     I approve this request with the following changes: \_\_\_\_\_

Request not approved

Additional Comments from the President:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*President's Signature*

\_\_\_\_\_  
*Date*

Upon completion, this form should be forwarded to the provost or appropriate vice president. The appropriate departments/offices will be notified accordingly.