

**TEMPORARY RE-EMPLOYMENT OF AN EMPLOYEE ELECTING ERI BENEFITS**

*(According to Administrative Order No. 4 dated September 27, 2002)*

*Question:*

*Required response:*

Date request submitted:	
State Agency's name:	
Agency Head's name:	<i>Typed/printed name:</i>  <i>Signature:</i>
Employee's name:	
Position Title of Employee:	
Proposed dates of Temporary Employment (may not exceed 75 days in any calendar year and justification for the # of days):	
Monthly Salary of Employee prior to ERI:  Monthly Salary of Employee as temporary:	
Duties of Employee:	
Compelling governmental interest or justification for employment extension of Employee:	

<b>DECISION OF COMMITTEE:</b>	<b>APPROVED</b> <b>DENIED</b>
Date:	Certifying signature: