



UNIVERSITY OF MIAMI

RETIREE 'CANE CARD EXCHANGE FORM

UM ID
(C#): _____

Last date of
employment: _____

Last Name: _____

First Name: _____

Department: _____

Direct Supervisor name (Print): _____

☐ Retiree

☐ Emeritus (approval by HR/Faculty Affairs provided separately)

I ATTEST THAT I WILL RETURN MY CURRENT EMPLOYEE CANE CARD TO THE CANE CARD OFFICE AFTER MY LAST DAY OF EMPLOYMENT AND WILL BE PROVIDED WITH A RETIREE/EMERITUS CANE CARD IN EXCHANGE. MY DIRECT SUPERVISOR HAS BEEN ADVISED AND THEY WILL COMMUNICATE WITH ACCESS CONTROL.

Employee Signature

Supervisor Signature

Please take this completed form to the Cane Card Office, located in the McKnight Building, 1st FL, between the hours of 08:30am and 5pm, Monday through Friday. You must have your previous Cane Card to exchange, or pay the lost card fee to obtain your new Retiree Cane Card.

