**Last Updated: (October 2012)**

Date

Name

Title

Department

Dear Name,

I am pleased to offer you reappointment to your position as a <Classification Title> with NAME OF DEPARTMENT. Your reappointment is for the period <DATE> through <DATE>. Your reappointment is to a nine or twelve month, non-tenure accruing position, at 1.0 FTE. Your salary will be $### (biweekly rate of $###).

Your reappointment will cease on the date indicated in this letter. No further notice of cessation of employment is required. <if applicable - Any reappointment beyond these dates is discretionary and will be dependent upon availability of funding, department needs, and your satisfactory performance of assigned duties.

Please indicate your acceptance of this reappointment and conditions by signing the line below and returning a copy of this letter to me as soon as possible, but not later than <DATE>.

Thank you for your contributions to the Department of NAME. We look forward to continuing to work with you.

Sincerely,

NAME

TITLE

I understand and accept the conditions of this Letter of Reappointment.

Accepted:

 NAME Date