

University of $\text{\AA}\text{\Upsilon}\text{\C}\text{\O}\text{\pm}\text{2}\text{\textcircled{\text{Y}}}$ Appointment Notification

Please read this document carefully before signing it. This document and the Collected Rules and Regulations of the University of $\text{\AA}\text{\Upsilon}\text{\C}\text{\O}\text{\pm}\text{2}\text{\textcircled{\text{Y}}}$ (Collected Rules) state the terms of your employment with the University of $\text{\AA}\text{\Upsilon}\text{\C}\text{\O}\text{\pm}\text{2}\text{\textcircled{\text{Y}}}$. To the extent conversations or other documents are inconsistent with this document or the Collected Rules, the Collected Rules followed by this document will govern.

ALL APPOINTMENTS

Employee Name	Home Department	Employment Begin Date
Salary (select one) <input type="checkbox"/> Monthly \$ _____ <input type="checkbox"/> Hourly/Units \$ _____ <input type="checkbox"/> Appt. Period \$ _____ <input type="checkbox"/> Academic Yr. \$ _____		
FTE	Eligible to Enroll in Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible for Retirement Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Eligible for Tax Deferred Annuity Only		

ACADEMIC APPOINTMENTS

A copy of the Academic Tenure Regulations has been provided to me, and such regulations are hereby incorporated herein by reference.

Academic Title	Academic Discipline
Rank <input type="checkbox"/> Professor <input type="checkbox"/> Assist. Prof. <input type="checkbox"/> Assoc. Prof. <input type="checkbox"/> Not Appl.	Appointment Type <input type="checkbox"/> Less than 9 Mos. <input type="checkbox"/> 9-10 Mos. <input type="checkbox"/> 11-12 Mos.
Tenure Home	
Employment Terms <input type="checkbox"/> Regular/Tenured Tenure Date _____ <input type="checkbox"/> Regular/Tenure Track Ending Date _____ Yrs. Toward Tenure _____ Tenure Notification Date _____ <input type="checkbox"/> Nonregular Term Appoint. Ending Date _____	

ADMINISTRATIVE, SERVICE & SUPPORT APPOINTMENTS

A copy of the Staff Handbook has been provided to me, and such information is hereby incorporated herein by reference.

Title	
Employment Terms, Indefinite, Not to Exceed:	Eligible for Vacation, Sick Leave, Personal Days <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYEE SIGNATURE

All Administrative, Service and Support and academic administrative appointments, including, but not limited to Department Chair, Dean and Chancellor, are indefinite and may end at any time.

I agree to accept the position on the terms specified above. Subsequent renewals of this appointment, if any, are contingent upon the availability of funds and University approval, and with the understanding that it is subject to all rules, orders and regulations of the Board of Curators. I will report for duty on the date specified.

Employee Signature	Date
Type or print name as it appears on your Social Security Card	

APPROVAL

Authorized Signature	Date
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