Reappointment of Tenure-Track and Nontenured Faculty

(Professor, Professor of Professional Practice, Associate Professor, Associate Professor of Professional Practice, Assistant Professor, Assistant Professor of Professional Practice, Instructor, Lecturer in Discipline, Senior Lecturer in Discipline, Associate in Discipline)

{date}

PERSONAL AND CONFIDENTIAL

Professor/Dr./Mr./Ms. {first name, last name}

{department name}

{email}

Dear Professor/Dr./Mr./Ms. {last name}:

I am pleased to inform you of your reappointment as {Complete University Title} for the period from {Date} to {Date}. [*If full year -* Your annual salary for this period will be ${salary}, to be paid in semi-monthly installments for service rendered over nine months.] [*If less than a year -* Your salary for this period will be ${salary} based on an annual salary of ${salary}.]

{We appreciate your continuing contributions to the Department/School/Institute/Center - may be modified as desired by Chair/Dean/Director}.

Sincerely,

{name}

Title, Chair/Dean/Director {Department of/School/Institute/Center {name}

cc: {name of departmental administrator}