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Appointment Notification

Please read this document carefully before signing it. This document and the Collected Rules and Regulations of the University of Missouri (Collected Rules) state the terms of your employment with the ¾ÅÉ«ÊÓÆµ. 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)
- ☐ Monthly $_____
- ☐ Hourly/ Units $_____
- ☐ Appt. Period $_____
- ☐ Academic Yr. $_____

FTE	Eligible to Enroll in Benefits	Eligible for Retirement Benefits	
	☐ Yes ☐ No	☐ Yes ☐ No	☐ 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
- ☐ Professor
- ☐ Assoc. Prof.
- ☐ Assist. Prof.
- ☐ Not Appl.

Appointment Type
- ☐ Less than 9 Mos.
- ☐ 11-12 Mos.
- ☐ 9-1 0 Mos.

Tenure Home

Employment Terms
- ☐ Regular/Tenured   Tenure Date _____
- ☐ Regular/Tenure Track   Ending Date _____   Yrs. Toward Tenure _____   Tenure Notification Date _____
- ☐ 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
	☐ Yes ☐ 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

UM 269 (Feb 10) 10/27/09