

UNIVERSITY OF KENTUCKY
NOTICE OF REAPPOINTMENT

Date _____

NAME: _____

DEPARTMENT: _____

COLLEGE: _____

I am pleased to confirm your reappointment to the academic staff as follows:

TITLE: _____

PERIOD OF APPOINTMENT: FROM _____

TO 30 June _____ or continuous tenure _____

SALARY BASE: 10 Mos. _____ 12 Mos. _____ Other _____

TENURE: (a) Probationary period as indicated in original Notice of Appointment ends 30 June _____. (Present reappointment should expire not later than one year prior to expiration of the probationary period.)

(b) Other conditions governing tenure:

Conditions governing appointment or reassignment:

Appointee

President or Authorized Representative

Distribution: Original to appointee; copy to appointee's Dean, copy to Executive Vice President