

UNIVERSITY OF KENTUCKY
NOTICE OF TERMINAL REAPPOINTMENT

Date _____

NAME: _____

DEPARTMENT: _____

COLLEGE: _____

Your reappointment to the academic staff is confirmed as follows:

TITLE: _____

PERIOD OF TERMINAL REAPPOINTMENT: FROM _____ TO _____

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

TERMINATION OF EMPLOYMENT: You are hereby notified that the appointment confirmed above is a final appointment.

Appointee

President or Authorized Representative