## É«»"ÌÃ 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  $\acute{E}$ «»  $\lq\grave{I}$  $\~{A}$ . 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.

| govern.  | ALL APPOINTMENTS  | a Ruies followed by this document will                  |
|--|---|---|
| Employee Name  | Home Department   | Employment Begin Date                                   |
| Salary (select one)  Monthly \$ Hourly/ Units \$  FTE Eligible to Enroll in Benefits  Yes No   | Appt. Period \$  Eligible for Retirement Benefits  Yes No   | Academic Yr. \$  Eligible for Tax Deferred Annuity Only |
| A copy of the Academic Tenure Regulations has lareference.   |   | ions are hereby incorporated herein by                  |
| Academic Title   | Academic Discipline   |   |
| Professor Assist. Prof.  | nent Type Less than 9 Mos. 9-1 0 Mos.                       | Tenure Home   |
| Employment Terms  Regular/Tenured Tenure Date  Regular/Tenure Track Ending Date  Nonregular Term Appoint. Ending Date  | Yrs. Toward Tenure  | Tenure Notification Date                                |
| ADMINISTRATIVE A copy of the Staff Handbook has been provid  | , SERVICE & SUPPORT APP ed to me, and such information is h |   |
| Title  |   |   |
| Employment Terms, Indefinite, Not to Exceed:   | Eligible for Vacation, Sick Leav                            | e, Personal Days No                                     |
| All Administrative, Service and Support and acade Dean and Chancellor, are indefinite and may end a  | * *   | uding, but not limited to Department Chair,             |
| I agree to accept the position on the terms specific<br>the availability of funds and University approval, a<br>the Board of Curators. I will report for duty on the | and with the understanding that it is su                    |   |
| Employee Signature   |   | Date  |
| Type or print name as it appears on your Social Securi   | ty Card   |   |
|  | APPROVAL  |   |

Date

UM 269 (Feb 10) 10/27/09

**Authorized Signature**