# Notification of Reappointment

University of Massachusetts · Amherst · Exempt Staff & Faculty

*Please indicate your acceptance by signing all copies and return this form to the Dean or Department Head who initiated the reappointment. A copy of the signed Reappointment should be provided to you by your employing department.*

Name Employee ID# Rec#

Job Title

% of Time Department/School/College

Appointment Period: From To

Appointment Basis: ☐ CALENDAR ☐ ACADEMIC ☐ 43 WEEK CONTRACT

Tenure Decision: ACADEMIC YEAR -- Semester

Funding:

HR Acct Code % Enc Amt $ Enc. End Date mmddyy Fund

Dept ID Project/Grant (PS) Account

Other commitments or contingencies (attach relevant documentation):

RECOMMENDED OR APPROVED (SIGNATURES)

| | | | |
|---|---|---|---|
| DEPARTMENT HEAD | DATE | PRINCIPAL INVESTIGATOR (IF APPLICABLE) | DATE |
| DEAN OR DIRECTOR | DATE | VICE CHANCELLOR/PROVOST (IF APPLICABLE) | DATE |
| CHANCELLOR (IF APPLICABLE) | DATE | PRESIDENT (IF APPLICABLE) | DATE |

1. All appointments to the exempt staff and faculty of the University are contingent upon availability of funds.
2. All members of the exempt staff and faculty of the University are employed pursuant to and subject to the policies, rules and regulations adopted by the Board of Trustees of the University as amended, revised, or repealed from time to time, under the provisions of Chapter 75 of the General Laws, as amended or revised from time to time.
3. Duties may be assigned to the exempt staff or faculty member in resident instruction, research, extension teaching, and/or other programs of the University as required to promote the objectives of the University.
4. Salary statement – The annual salary to be paid the staff or faculty member upon the effective date of this reappointment shall be that annual salary paid the staff member in his or her current position as of the "Date of Request" indicated on the face of the form, except as that amount may be adjusted by any cost-of-living or base merit adjustment effective between the "Date of Request" and the Effective Date of this reappointment.
5. No appointment shall be valid until accepted by the appointee and returned to the Division of Human Resources.

This reappointment, consisting of the terms stated on this form, constitutes the entire agreement between the University and the employee. **I understand that all appointments are contingent upon presentation of current work authorization documentation.**

ACCEPTED _____ _____
Appointee Signature Date

PREPARED BY EMAIL PHONE# DATE

Rev. 9/30/2004