

# ĐÇ;Ŧ'«Ã½

## 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 ĐÇ;Ŧ'«Ã½. 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)<br><input type="checkbox"/> Monthly \$ _____ <input type="checkbox"/> Hourly/Units \$ _____ <input type="checkbox"/> Appt. Period \$ _____ <input type="checkbox"/> Academic Yr. \$ _____ |                                                                                            |                                                                                              |
| FTE                                                                                                                                                                                                           | Eligible to Enroll in Benefits<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Eligible for Retirement Benefits<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> 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.

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Academic Title                                                                                                                                                                                                                                                                                  | Academic Discipline                                                                                                                     |
| Rank<br><input type="checkbox"/> Professor <input type="checkbox"/> Assist. Prof.<br><input type="checkbox"/> Assoc. Prof. <input type="checkbox"/> Not Appl.                                                                                                                                   | Appointment Type<br><input type="checkbox"/> Less than 9 Mos. <input type="checkbox"/> 9-10 Mos.<br><input type="checkbox"/> 11-12 Mos. |
| Tenure Home                                                                                                                                                                                                                                                                                     |                                                                                                                                         |
| Employment Terms<br><input type="checkbox"/> Regular/Tenured    Tenure Date _____<br><input type="checkbox"/> Regular/Tenure Track    Ending Date _____    Yrs. Toward Tenure _____    Tenure Notification Date _____<br><input type="checkbox"/> 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<br><input type="checkbox"/> Yes <input type="checkbox"/> 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 |
|----------------------|------|