°ÄÃÅÁùºï²Ê¸ßÊÖ 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 ${}^{\circ}\ddot{A}\mathring{A}\mathring{A}\mathring{a}\check{v}\ddot{T}^{2}\hat{E}_{_{3}}\hat{B}\dot{E}\ddot{O}$. 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** Home Department **Employment Begin Date Employee Name** Salary (select one) Hourly/ Appt. Period \$ Monthly \$ Units \$_ Academic Yr. \$ FTE Eligible to Enroll in Benefits Eligible for Retirement Benefits Eligible for Tax Deferred Yes Yes 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. Academic Title Academic Discipline Rank Appointment Type Tenure Home 9-1 0 Mos. Assist. Prof. Less than 9 Mos. Professor 11-12 Mos. Assoc. Prof. Not Appl. Employment Terms Regular/Tenured Tenure Date Ending Date Yrs. Toward Tenure Tenure Notification Date Regular/Tenure Track 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 Yes **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

UM 269 (Feb 10) 10/27/09