TBR Form F-2

TENNESSEE BOARD OF REGENTS OF THE STATE UNIVERSITY AND COMMUNITY COLLEGE SYSTEM OF TENNESSEE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Institution)

NOTICE OF RENEWAL OF TENURE-TRACK APPOINTMENT FOR FACULTY

TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to notify you of the renewal of your tenure-track appointment at this institution for the \_\_\_\_\_\_\_academic/fiscal year, subject to the terms and conditions of your previous appointment and the Notice of Tenure-Track Appointment and Agreement of Employment for Faculty, and subject to the current policies and requirements of this institution and the Tennessee Board of Regents.

You will be notified of the recommended salary for your position in a separate document, Notice of Recommended Salary. This renewal constitutes an amendment to the term of your Notice of Tenure-Track Appointment and Agreement of Employment for Faculty. You must signify your acceptance of this appointment under the terms and conditions set forth by signing this notice and returning the original to the office of Human Resources within 30 days after the date of this notice. Your failure to accept this renewal within the above- stated time will constitute a rejection of this offer and non-renewal of your appointment. Every other term and provision of the initial employment agreement shall remain valid and binding.

I accept the appointment described above under the terms and conditions set forth.

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Appointee

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date President or Designee

[INSTITUTION] does not discriminate on the basis of race, color, religion, ethnic or national origin, sex, disability, age, status as a covered veteran, or genetic information in its programs and activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: NAME, TITLE, ADDRESS, CONTACT INFO (phone and email) or via this webpage: http://www. / . (If applicable).