USE DEPARTMENT LETTERHEAD

USE THIS TEMPLATE TO PROVIDE **THE 30-DAY COURTESY NOTICE** UPON NON-REAPPOINTMENT OF FACULTY IN THE HS CLINICAL SERIES, ADJUNCT SERIES, OR WOS, NON-REPRESENTED NON-FACULTY SERIES WHO HAVE BEEN EMPLOYED AT LESS THAN 50% TIME OR WITH LESS THAN EIGHT CONSECUTIVE YEARS OF SERVICE. THIS TEMPLATE SHOULD ALSO BE USED FOR PAID OR WOS RECALL FACULTY WHEN THE APPOINTMENT TIME IS REDUCED OR THE APPOINTMENT ENDS EARLY

[DATE]

**ADMINISTRATIVE CONFIDENTIAL**

[Name], [Credentials]

[Title]

Department of [Department]

**RE: Notice of Non-Renewal**

This is to inform you that the Department of [Department], in the School of Medicine, will not renew your position as [Title], [Step] [% time] beyond your current appointment end date of [End Date]. \*Adjust language to account for change in % time: […will not renew a portion of your current appointment. Effective on [DATE], your appointment will be [Title], [Step], [%] through [DATE].

Please note that APM 137 Non-Senate Academic Appointees/Term Appointment, does not require that you be notified of non-renewal of your term appointment in advance. I am providing this notice as a courtesy to remind you of the ending date of your term appointment and to enable you to prepare for this transition.

Please contact a Benefits Representative at (949) 824-0500 to discuss important options available to you regarding the continuation of any benefits for which you may or may not be eligible.

I wish you success in securing new employment and hope the transition will be a short one.

Sincerely,

[Department Chair Name]

Chair, Department of [Department]

cc: Dean [Mohammad Helmy, MD – HS Series, Kyoko Yokomori, PhD – all other series]

Department Chair

SOM Academic Affairs

Academic Personnel

Benefits Office