<Employee Name>

<emplid >

<Employee Address Block>

Date *< this template cannot be used for tenured/tenure-track faculty>*

Dear <Name>,

This letter shall serve as written notification that your appointment as <job title> with the University of Missouri - Kansas City School of <unit> Department of <department> ends <contract end date, year> and will not be renewed.

Coverage for your health insurance will also expire on <12-month faculty contract end date, or August 31 for 9-month faculty>. Any questions that you may have regarding your medical, dental, life, and disability insurance, if applicable, should be directed to the Human Resources Benefits Representative, Ted Stahl at 816-235-1625 or stahlt@umkc.edu.

We appreciate your professional contributions and wish you well in all your future endeavors.

Sincerely,

<Dean/supervisor signature block>

Cc: <Chair/Supervisor Name & Title>

 <Unit HRF Name & Title>

 Megan Gonzalez, HR Employee Relations