**TEMPLATE:**

**STATEMENT OF INTEREST IN REAPPOINTMENT**

To be assessed/reviewed and considered for reappointment prior to external Unit 18 applicants, you must submit your request to be considered for reappointment to your department chair or equivalent in accordance with the deadlines below, or within 30 days from the date on which the appointment letter was transmitted to you, **whichever is later**.

|  |  |  |
| --- | --- | --- |
|  | Initial Appointment | Multi-year Appointment final year |
| 9/12 Appointees | October 15 | October 15 |
| 1/9 quarter – Fall | October 15 | October 15 |
| 1/9 quarter – Winter | February 1 | October 15 |
| 1/9 quarter – Spring only | May 1 | October 15 |

1. Do you want to be considered for reappointment?

⬜ YES

⬜ NO

1. List the courses that you are interested in teaching and/or other assigned duties that you would like to be considered for.

|  |
| --- |
|  |

1. For each quarter/semester of a possible reappointment, list the appointment percentage that you would like to receive:

|  |  |
| --- | --- |
| **Year 1:** | **Appointment Percentage:** |
| Fall Quarter |  |
| Winter Quarter |  |
| Spring Quarter |  |
|  |  |
| **Year 2:** | **Appointment Percentage:** |
| Fall Quarter |  |
| Winter Quarter |  |
| Spring Quarter |  |
|  |  |
| **Year 31:** | **Appointment Percentage:** |
| Fall Quarter |  |
| Winter Quarter |  |
| Spring Quarter |  |
|  Generally, consideration for a three-year reappointment will only be applicable to individuals who are on a  two-year appointment. If you have questions about whether year 3 is applicable to you, please consult with  your department, program, or unit.  |

**Attach your C.V. and any other material you would like to submit as part of this request and return to your department chair. Please note, upon receipt of your statement of interest your department may request additional materials.**

Name: Date:

Department:

CC: First Name Last Name, Department AP Analyst

 First Name Last Name, Management Services Officer