THE UNIVERSITY OF MICHIGAN

STANDARD PRACTICE GUIDE

SECTION:	Personnel	**Number:**	201.88
		Revised:	4/1/82
SUBJECT:	Notice of Non-reappointment	**Date Issued:**	
		Attachment(s)	2
APPLIES TO:	Instructional Staff		
ISSUED BY:	The Office of the Vice President for Academic Affairs and the Personnel Office		

I. Policy

These procedures for Notice of Non-reappointment are minimum requirements and, therefore, a school or college may establish written procedures to provide for earlier notice.

Instructional activities by their nature require planning and commitments for a reasonable period of time into the future. Neither the interests of the University nor those of the individual instructional staff member are well served by unplanned abrupt changes in the mutual commitment implicit in an instructional appointment. To this end, the University provides the following commitments as to the Notice of Non-reappointment that it will provide to instructional appointees, and would expect that individuals deciding to end their instructional relationship with the University would provide their department or unit appropriate notice.

II. Standards

All term appointments are considered terminal upon the completion of the terms and conditions of the appointment. However since for tenure track appointments, there is an expectation of possible reappointment, it is the intent of the University to notify individuals who are not to be reappointed, except as noted in paragraph 4 below, in accordance with the following guidelines.

A. Individuals who have held non-tenured regular full or part-time instructional staff appointments for more than two academic or fiscal years, expiring at the end of Term II, will be notified of non-reappointment no later than September 15 of that academic year. If the appointment expires at a time other than the end of Term II, notice will be given no later than a date which would provide nine (9) months advance notice of the termination date. This section will apply not only where the individual has had a single term appointment for more than two years, but also where he or she has had continuous multiple terms appointments of shorter duration which aggregate to more than two years of service with the University.

B. Individuals holding regular non-tenured full or part-time instructional appointments from one to two academic or fiscal years, expiring at the end of Term II, will be notified of non-reappointment no later than December 15 of that academic year. In cases of appointment terminating at other times, notice will be given no later than a date which would provide five (5) months advance notice of the termination date.

C. Appointees with non-tenured regular full or part-time instructional appointments for less than one academic or fiscal year will be notified of non-reappointment no later than three months preceding the expiration date of the current appointment.

D. Appointments as supplemental instructional staff (i.e., Visiting Instructional Staff, Adjunct Instructional Staff, and Clinical Instructional Staff) are considered to be terminal and notice of non-reappointment will not be provided.

E. Notice of non-reappointment should be explicitly stated in writing from the appropriate Department Chairman or Dean. The letter should not be conditional, nor state reasons for the non-reappointment. (See Example A)

III. Procedure

RESPONSIBILITY		ACTION
Dean, Director or Department Head	1.	Periodically review the appointment status of all instructional staff holding term appointments in accordance with any internal reappointment procedures established by the school or college.
	2.	If a non-tenured regular instructional staff member whose term appointments with the University aggregate less than eight consecutive years as a full-time Instructor or higher or a Lecturer is not to be reappointed, prepare a letter of non-reappointment. The letter should not be conditional, nor state reasons for the non-reappointment. (See Example A). The letter of non-reappointment will be mailed to the individual affected within the appropriate time limits indicated in Section II of this SPG. NOTE: If a non-tenured regular instructional staff member (excluding Lecturers) whose term appointments with the University aggregate eight years or more as a full-time regular Instructor or higher is not to be reappointed or if a termination date is to be established during the appointment period of a regular instructional staff member, contact the Office of the Vice-President for Academic Affairs.
	3.	Upon appropriate notification to the staff member of non-reappointment, complete Appointment Change Request form (#36701) indicating effective

		date of termination of appointment and funding. Also indicate in the "Remarks" section of the form that the action is a terminal appointment.
	4.	Send a properly completed Appointment Change Request form (#36701) with an attached copy of the non-reappointment letter through normal appointment channels to the Faculty and Staff Records Office.
Faculty and Staff Records Office	5.	Review Appointment Change Request form and non- reappointment letter for conformity to policy and regulations.
	6.	If in order, complete processing of Appointment Change Request form and distribute appropriate notices to departments and staff member.
Dean, Director or Department Head	7.	Thirty days prior to end of appointment period, prepare a Lay-Off/Termination Form (#36605) indicating "Appointment Not Renewed" as reason for termination. In the "Remarks" section indicate copy of Notice of Non-reappointment forwarded previously with terminal appointment dated _____. Send through normal appointment channels to Faculty and Staff Records.
Faculty and Staff Records Office	8.	After Non-reappointment Notice procedure has been verified, complete termination process.

EXAMPLE A

Date

Name
Address

Subject: Notice of Non-reappointment

Dear _____:

This is to notify you that your appointment as _____ in ____ _____ will not be renewed upon completion of your appointment which ends _____.

If you desire I would be most willing to discuss your non-reappointment further at your convenience.

Very truly yours,

_____
Chairman

Department of _____

201.88

THE UNIVERSITY OF MICHIGAN

LAYOFF AND TERMINATION REQUEST

1. Social Security Number _____ NAME Last, First, Middle _____

Department(s) _____

Position Title(s) _____

2. REQUEST FOR LAYOFF STATUS FROM ALL REGULAR APPOINTMENTS SEE BELOW*

Effective Date Month/Day/Year _____ Ending Date _____ Vacation to be paid where applicable,

Last day worked _____ if Unit is Timekeeper _____ Hours _____ Days

☐ Lack of Funds ☐ Seasonal Appointment

☐ Change in Workload ☐ Completion of Project ☐ Reorganization, Eliminating Position

3. REQUEST FOR TERMINATION OF ALL REGULAR OR SUPPLEMENTAL APPOINTMENTS FOR REASON CHECKED BELOW SEE BELOW*

Effective Date Month/Day/Year _____ Last Day of Work, Month/Day/Year _____

Check one of the boxes and circle the most appropriate descriptive explanation (A-H) ** See Below

☐ To Accept Position in Another Hospital
**A B C D E F G H

☐ To Accept Position in Another Teaching Institution
**A B C D E F G H

☐ To Accept Position Elsewhere
**A B C D E F G H

☐ Future Plans Unknown
**A B C D E F

☐ Transportation Problems

☐ Family Responsibilities

☐ Health

☐ Returning to School

☐ Completion of Schooling

☐ Retired

☐ Declined Appointment

Recommended for Rehire

☐ Yes, In Similar Position

☐ Yes, In Different Position (Explain in Remarks)

☐ Not Recommended (Explain in Remarks)

☐ Retired Following Furlough

☐ Post Retirement Appointment Completed

☐ Quit Without Notice

☐ Recall Rights Expired (From Layoff)

☐ Discharged

☐ Discharged During Probationary Period

☐ Class Cancelled

☐ Did Not Return From Leave of Absence

☐ Appointments Not Renewed (Terminal Appointments)

☐ Completion of Assignment

☐ Other (Explain in Remarks)

☐ Deceased Date of Death _____

Vacation to be paid where applicable, if Unit is Timekeeper

_____ Hours _____ Days

** EXPLANATION OF RESIGNATION REASONS

A – Dissatisfaction with Salary
B – Desirous of Relocation Elsewhere
C – Personality Conflicts
D – Job Expectations Not Met
E – Physical Working Conditions Unsatisfactory
F – Work Schedule Unsatisfactory
G – Includes Immediate Promotion
H – Better Career Opportunity

4. REQUEST FOR ADDRESS CHANGE – W2 MAILING ADDRESS ☐ Check This Box If This Address Is NOT To Be Published

Number and Street _____ Area Code _____ Telephone _____

City _____ State _____ Zip Code _____ Country _____

Name and Location of New Employer and New Title

_____

_____

_____

***Return Computer Pre-Printed Appointment Change Request Form 36701. Attach staff member's request for termination, if applicable.**

REMARKS

Approved by
Department Head _____ Dean/Director or Representative _____ Date _____

Telephone _____ Telephone _____

Personnel _____

Form 36605
Rev. 7-92