*\*\*The highlighted sections below must be customized to include the faculty member’s and departments’ information. Please delete all instructional guidance and place on letterhead before finalizing.\*\**

Primary Department Chair Name
Title(s)
Department & School
*Optional:* Address

September 16, 2024

Dear Dr. CHAIR OF PRIMARY DEPARTMENT,

I am writing to request a secondary appointment in the Department of SECONDARY DEPARTMENT (without voting rights) for FACULTY MEMBER NAME AND TITLE, effective START DATE OF SECONDARY APPOINTMENT to June 30, 20XX *(end date must align with faculty member’s current term in their primary department if applicable; end date should be in five years for senior rank CE and Tenure faculty)*.

If this secondary appointment meets with your approval, please sign on the signature line below.

Sincerely,

Secondary Department Chair Name and Signature
Title(s)
Department & School

Primary Department Chair Name
Title(s)
Department & School