*\*\*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 the reappointment of FACULTY MEMBER NAME AND TITLE’s secondary appointment (without voting rights) in the Department of SECONDARY DEPARTMENT, effective July 1, 20XX *(year must align with faculty member’s FADS secondary record)* to June 30, 20XX *(end date should be in three years for assistant rank faculty and in five years for senior rank faculty)*.

If this secondary reappointment 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