



## TERMS OF FACULTY APPOINTMENT

Action: \_\_\_\_\_

Name (Last, First, Middle):		EKU ID:	Position #:	Org. Code:
College:	Department:	Position/Title (e.g. Chair):		Academic Rank:
Appointment Period: _____ to _____		Salary for Appointment Period: \$ _____		Base Salary: \$ _____

**Appointment Terms**

**Tenure-Track:** Assuming full-time continuous service, probationary period for tenure will end no later than

*For tenure-track faculty, eligibility for promotion is based on time in rank, as outlined in Policy 4.6.4.*

SPECIFIC CONDITIONS OF APPOINTMENT, ASSIGNMENT, OR TENURE:

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University policies affecting appointment of faculty, evaluation of faculty, tenure, and promotion appear on EKU's policy website ([www.policies.eku.edu](http://www.policies.eku.edu)). All University policies and regulations are effective on the date of adoption by the Board of Regents unless otherwise specified within the policy. These documents are incorporated by reference into this agreement.

If you accept these terms, please sign, without alteration, in the space designated for the faculty member and return the original to the Dean within ten days of the signature date by the Dean. Please retain a copy for your records.

_____ Department Chair	Date: _____
_____ College Dean	Date: _____
_____ Provost and Senior Vice President for Academic Affairs	Date: _____

\_\_\_\_\_  
Faculty Member

\_\_\_\_\_  
Date: