Date

Name

Department

MS

College Station, Texas 77843

Dear Dr. (Name),

The Department of (department) is pleased to reclassify you from (current position) to (proposed position) effective (date). This reclassification does not constitute a promotion and is a lateral move. This appointment is (% FTE) for 9 months at a rate of (monthly salary).

Duties for the position include …..

Upon acceptance this reclassification will require further and final administrative approval.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name) Date José Luis Bermúdez Date

Department Head Interim Dean

I accept the terms of this appointment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Member    Date