**Renewal Letter for Non-Tenure Track Faculty-Paid**

(please remove the above title and place this letter on your unit/department electronic letterhead)

**Date**

**Name**

**Address**

**City, State, Zip Code**

Via email: **Email Address**

Dear **Name**:

This letter serves as formal notice of renewal of your appointment as **Title** in the Department of **Department Name.** Your duties and schedule will continue to be determined by the **Chair** of the Department. This appointment is without tenure and for the indicated period only. All faculty, administrators, and staff are subject to the relevant provisions of the [Rules and Regulations of the Board of Regents](https://www.utsystem.edu/offices/board-of-regents/regents-rules-and-regulations) and the [Handbook of Operating Procedures](https://secure.compliancebridge.com/utaprod/utaportal/index.php?fuseaction=app.main) of The University of Texas at Arlington and to applicable state and federal laws.

All faculty must adhere to minimum workload requirements set by the Board of Regents. The Regents Rules sections relating to faculty workload requirements can be found at [Rule 31006: Faculty Workload and Reporting Requirements](http://www.utsystem.edu/board-of-regents/rules/31006-academic-workload-requirements).

(INSERT PARAGRAPH 1, 2 or 3, BELOW AS APPLICABLE)

*1. NTT Academic Year (9-month Academic Rate)*

Your appointment will be effective from **Start Date** through **End Date**. This **X.XX FTE** appointment provides a nine-month salary of **$Academic Rate** for this time period. The salary is subject to all deductions required by federal and state law and, if permitted by law, such other deductions as you may authorize in writing. Should you be renewed for this position, a renewal appointment letter will be issued to you.

*2. NTT Instructional Term (4.5 month Term Rate)*

Your appointment for the **Term Year** will be effective from **Start Date** through **End Date**. This **X.XX FTE** appointment provides a salary of **$Class Rate** for this time period. The salary is subject to all deductions required by federal and state law and, if permitted by law, such other deductions as you may authorize in writing. Should you be renewed for this position, a renewal appointment letter will be issued to you.

*3. NTT Instructional Term (4.5 month Class Rate)*

Your appointment for the **Term Year** will be effective from **Start Date** through **End Date**. This **X.XX FTE** appointment provides a salary of **$Class Rate** for this time period. The salary is subject to all deductions required by federal and state law and, if permitted by law, such other deductions as you may authorize in writing. Should you be renewed for this position, a renewal appointment letter will be issued to you.

*4. NTT Instructional Term (Hourly Rate)*

*(This paragraph is for hourly calculation documentation only; exempt monthly NTT faculty will still be paid on a monthly basis)*

Your appointment for the **Term Year** will be effective from **Start Date** through **End Date**. This **X.XX FTE** appointment will be paid a total of $**Amount** at the hourly rate of $**Hourly Rate** for this time period. The salary is subject to all deductions required by federal and state law and, if permitted by law, such other deductions as you may authorize in writing. Should you be renewed for this position, a renewal appointment letter will be issued to you.

(INSERT PARAGRAPH BELOW AS APPLICABLE)

You have been assigned to teach **XXXXXX-XXX**.  This offer is contingent on the minimum enrollment requirements set by the University and upon the availability of funds.  If for some reason, your course(s) does not meet minimum enrollment, this offer is no longer valid.

(OPTIONAL LANGUAGE: Your job duties will include **Job Duties.**)

The faculty of the Department of **Department Name** are enthusiastic about your renewed appointment. Please indicate your acceptance or declination of this offer by signing in the space indicated below and returning via email to **Name** at **Email Address** on or before **Date** so that we may forward your appointment for the review and approval process.

If you have any questions, please call me.

Sincerely,

**Name of Dean or Department Chair**  
**Dean** or **Department Chair**, **College or School**

xc: Academic Personnel Office ([academicpersonnel@uta.edu](mailto:academicpersonnel@uta.edu))

I accept this renewal of appointment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Candidate Name** Date

I decline this renewal of appointment.

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**Candidate Name**  Date