## Request for Change in University of Maryland Appointment Agreement

I am requesting that my term of service for each fiscal year be modified

|  |  |
| --- | --- |
| FROM | TO |
| ⭘ 9 months | ⭘ 9 months |
| ⭘ 9.5 months |  |
| ⭘ 10 months |  |
| ⭘ 12 months | ⭘ 12 months |

As of date:

### Optional if changing to 12-month appointment:

I understand that the percentage of state support for this contract will be limited to 75%, and that I am responsible for generating the other 25%. I agree that upon resignation, retirement, or conversion to a non-annual leave accruing appointment, I am entitled to a maximum cash payout of no more than 10 days (80 hours).

|  |  |  |
| --- | --- | --- |
| Signature of Appointee | Date |  |
| Printed Name | UID | Rank |

## University of Maryland Approvals

|  |  |  |
| --- | --- | --- |
| Primary Dept. Chair’s Signature | Unit | Date |
| Primary Dean’s Signature | College | Date |
| Secondary Dept. Chair’s Signature | Unit | Date |
| Secondary Dean’s Signature | College | Date |
| Provost’s Signature |  | Date |