Sample Letter to Notice of Nonreappointment Eligible, Long Term Academic Professional Employees

**CONFIDENTIAL**

Date: [meeting date with the employee]

To: [Employee]   
From: [Supervisor or UEO]

Subject: Written Statement to Discuss Proposed Notice of Nonreappointment

This written statement describes the basis for my recommendation that the Board of Trustees issue you a Notice of Nonreappointment.

Your employment at the University as a full-time, non-visiting academic professional began in **[Date]**. Currently your academic professional position is that of **[Title]**.

# Reasons for Nonreappointment

This notice of nonreappointment is necessary because your position must be eliminated for **[budgetary/programmatic]** reasons. According to University policy, you are entitled to 12 months’ notice of nonreappointment to be given by the Board of Trustees. The Board of Trustees’ office will email the notice of nonreappointment with the exact dates of your notice period, including your final date of employment, to your University email address in the near future.

The decision to request a notice of non-reappointment for a long-term employee does not come easily. The proposed notice is due solely to **[budgetary/programmatic]** reasons. The decision to request a notice of nonreappointment for you as a long-term employee is due to **[Reason for the Notice of Nonreappointment].**

Alternatives to Nonreappointment

There will be no replacement of this position. We regret that there are no alternatives to nonreappointment. During the transitional year, you will perform duties as assigned.

# Impact of Termination on Employee’s Benefits

Your insurance benefits will terminate as of midnight on your last day of pay unless you locate another benefits-eligible position within the University. You may contact the Benefits Center at 217-265-6363 or visit their website at <https://www.hr.uillinois.edu/benefits/> for more information including the COBRA option to extend your health insurance after separation. If you will become a dependent on another health plan it is critical that you contact that health plan before your last day of employment. If you will become a dependent of a State of Illinois Health plan employee, please have that employee contact MyBenefits at 1-844-251-1777 or sign into MyBenefits <https://mybenefits.illinois.gov/account/login/choseclient> before your last day of employment to request dependent coverage to prevent a lapse in insurance coverage.

You are also being provided with a copy of the “What Every Worker Should Know About Unemployment Insurance” brochure for your reference.

# Employment Resources

Since your notice of non-reappointment is being given for **[budgetary/programmatic]** reasons, you qualify to participate in the campus relocation plan. Information about the campus relocation plan may be found online (<https://cam.illinois.edu/policies/hr-72/>), and please email [IHR-NONR@illinois.edu](mailto:IHR-NONR@illinois.edu) if you have questions about the campus relocation plan.

# Approvals

Supervisor or UEO and Title Date

Dean or MUA and Title Date

Illinois Human Resources Signature Date

***I have received this letter.***

Employee Name Date  
Employee Email Address  
Employee Address

Enclosure  
cc: Illinois Human Resources  
 Personnel File