<Date>

Cindy Russell, PhD, RN

Vice Chancellor

The University of Tennessee Health Sciences Center

Academic, Faculty and Student Affairs

400D Hyman Building

62 S. Dunlap

Memphis, TN 38163

Dear Dr. Russell,

I am writing to request your approval to end the appointment of Dr. <FN LN> due to limited funds. Dr. <LN> is an <rank> in Dr. <PI’s FN LN> laboratory. Unfortunately, Dr. <PI’s LN> is unable to fund this position past <DATE>.

This request is in line with Section 5.4 of the UTHSC Faculty Handbook addressing the funding-limited nature of research appointments and notice requirements. In addition, Dr. <LN’s> <DATE> appointment letter states that continuation of his faculty appointment is contingent upon availability of funds. <REFERENCE OFFER LETTER ALSO IF APPLICABLE>

Best,

<Name> G. Nicholas Verne, MD

Chair, Department of> Interim Executive Dean

UTHSC, College of Medicine UTHSC, College of Medicine

cc: Office of Faculty Affairs

cc: AFSA