# Department Head Letter for Potential Termination Notice

# TEMPLATE

# (please copy and paste text below into your personal letterhead)

[DATE]

Dear [FACULTY MEMBER NAME],

Per our discussion(s), I write to confirm that your academic appointment as [TITLE] at Harvard Medical School will end on [END DATE].

**OPTION 1:** Your appointment to the medical staff of [AFFILIATE NAME] will end at the same time.

**OPTION 2:** This change in your academic appointment will not affect your status as a [MEDICAL STAFF TITLE] at [AFFILIATE NAME].

I am grateful for your service to the Department and the Medical School. Please let me know if I can assist with any questions you may have.

[SALUTATION],

[DEPARTMENT HEAD SIGNATURE]