Date>

Name

Office or Home Address

City, State, Zip

Dear Dr. >

It is a pleasure to confirm your appointment to the faculty of the University of Tennessee Health Science Center (UTHSC) College of Medicine, Department of > as a Choose an item. (PT %) Choose an item. on Choose an item.. The anticipated start date for this position will be Click here to enter a date.. Your annual UTHSC salary will be $ >. You will also receive the standard UTHSC fringe benefits package provided to faculty members in the Department of > . Details of the benefits and retirement packages are posted on the UTHSC web site at <http://www.uthsc.edu/hr/Benefits/>. With regard to your UTHSC appointment, the terms of this letter supersede all other previous discussions, emails and documents except those statements made in your letter of offer dated Click here to enter a date. (attached). Your offer letter continues to be agreed to and is a part of your formal appointment.

[ADD ALL THAT APPLY FROM AMONG THE FOLLOWING OPTIONS IN PARAGRAPH FORMAT]

**[For those who have a supplement to this salary because of a contract, grant, or additional administrative duties (GME, ADA, Endowment, etc.) add the following:]** Your UTHSC salary includes a supplement of $ > for your services in the role of >. At such time as you no longer serve in this role, your UTHSC compensation will be adjusted accordingly.

**[For Non-Tenure Track Faculty who have their salary on grants, add the following:]** Your annual UTHSC salary will be $ > derived from the following sources: > [add other sources and amounts here] and you are expected to maintain your funding. At such time as you no longer receive such funds, your UTHSC compensation will be adjusted accordingly.

**[For faculty with practice plan salaries, add the following:]** Details regarding the annual practice plan compensation and the additional fringe benefits that are provided to you as a member of Choose an item. will be provided in a separate communication from their administration**.**

**[For those hired at the rank of Assistant Professor but not yet Board Certified:]** Please be aware that to hold the rank of Assistant Professor, it is expected for you to achieve board certification within < # > years, or you will not receive reappointment at the Assistant Professor rank in July of 20>

**[Use if appointment is Non-tenure track]**

Per our discussion, you understand and agree that this is a non-tenure track position as defined in the UTHSC Faculty Handbook available at:  <https://www.uthsc.edu/afsa/faculty-affairs/documents/faculty-handbook.pdf>

Continuation of your faculty appointment is contingent upon availability of funds and satisfactory performance (UTHSC Faculty Handbook, Sections 4.16.4, 8.1.3, and 8.3.1). Should funds for this position be discontinued, the position will be terminated with appropriate notice of non-reappointment*.*  If you wish to pursue tenure at the UTHSC sometime in the future, you may apply for any existing tenure track position that has been posted and advertised.

**OR**

**[Use if appointment is Tenure track]**

You will be considered for the award of tenure after an appropriate probationary period in keeping with UTHSC and University of Tennessee policies as defined in the UTHSC Faculty Handbook available at: <https://www.uthsc.edu/afsa/faculty-affairs/documents/faculty-handbook.pdf>. Tenure is granted by the Trustees of the University of Tennessee. A probationary period of at least one year is required. You will be considered for the award of tenure no later than June 30, >

**[Use ONLY if there was no offer letter to outline expectations and effort]**

General expectations of your appointment are proposed as follows:

* *Clinical (> % effort):*
* *Education (> % effort):*
* *Research (> % effort):*
* *Service (> % effort): <applicable for those with administrative roles. Delete if not applicable>*

Your appointment is contingent upon the following:

[INCLUDE ALL THAT APPLY FROM THE FOLLOWING OPTIONS:]

|  |
| --- |
|  |

1. UTHSC’s receipt of an official transcript from the US Accredited Institution of your doctoral or terminal degree, copy of ECFMG (Non-US M.D.), or third-party Credential Evaluation Report (Non-US Ph.D.), sent directly to **UTHSC College of Medicine (910 Madison Avenue, Suite 1010, Memphis TN 38103).**
2. Obtaining/maintaining an appropriate unrestricted physician license to practice in the State of Tennessee.
3. Obtaining/maintaining hospital privileges at an affiliated hospital where your primary clinical and teaching duties are performed.
4. Obtaining / maintaining certification by the American Board of >.
5. Obtaining / maintaining membership in the Choose an item. Practice Plan
6. Documentation of citizenship and/or work authorization as required by the Immigration Reform and Control Act of 1986. No more than two weeks prior to your start date, you will need to log into UTHSC Human Resources website at: <https://hrx.talx.com/ec/#/Welcome> to complete the online I-9 Form. In addition, as part of the I-9 compliance, you **must** present the Human Resources Department located at **910 Madison Avenue, 1st floor (M-F 8am – 2pm),** with documents which identify and indicate you are eligible to work in the United States. **These documents must be provided prior to or on your first day of employment at the university**. *If you are unable to submit documents in person due to Covid-19 restrictions, Human Resources will provide you with a secure courier link.*

By accepting this appointment, you agree to be bound by the policies in the UTHSC Faculty Handbook available at: <https://www.uthsc.edu/afsa/faculty-affairs/documents/faculty-handbook.pdf>

Your appointment is made expressly subject to the applicable State and Federal laws and the statutes and regulations of the UTHSC and to the Bylaws and Policies of the Board of Trustees of the University of Tennessee, which are available for your inspection, upon request. Please note that misrepresentation of academic credentials is a Class A misdemeanor in Tennessee TCA § 49-7-133 (UTHSC Faculty Handbook, Section 3.3)

Enclosed are a Faculty Appointment Agreement (FAA) and a Personal Data Form. Please complete and sign all documents where indicated and return to [**ADD DEPARTMENT-SPECIFIC ADDRESS HERE**]. This appointment is binding only when all parties, including you, have signed. A copy of the FAA and appointment letter, with all signatures, will be returned to you within 30 days of your start date.

For additional information concerning your new role as a faculty member, please visit the UTHSC website for campus resources and informational links at: <https://uthsc.edu/afsa/faculty-affairs/faculty-resources.php>.

We look forward to having you as a member of our faculty and staff.  The University of Tennessee welcomes you to our academic community and looks forward to a mutually beneficial professional and personal experience.

Sincerely,

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# <NAME> Scott E. Strome, M.D.

# Chair, Department > Robert Kaplan Executive Dean

College of Medicine, UTHSC College of Medicine, UTHSC

**I accept the position as outlined above**

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Signature Date

<Faculty Name>