____, 2015

FACULTY MEMBER
College of _____

Dear _____:

The President, Dr. Michael R. Lovell, has approved your appointment as a member of the Part-Time Faculty to the position of _____ Professor in the College of _____ for a period of three years, commencing on _____, 201____, and ending on _____, 201___. This appointment is contingent upon the satisfactory completion of your obligations as a member of the full-time faculty of the University during the 20___-20___ academic year. Your continued appointment from year to year within this three-year term is contingent upon and assumes your satisfactory performance in the position, as assessed by an annual performance appraisal administered consistently with other part-time faculty. If your performance is judged not to warrant continuation of employment for the full three-year term, you shall be so notified no later than March 1 of the year in which your employment will end.

You specifically agree that no reappointment at the end of the three-term of this appointment is permitted and that you will not hold other full-time employment while a member of the Part-Time Faculty. You also specifically agree that you will maintain a combined instructional, advising, and clinical weekly workload equivalent to not less than six (6) credit hours each fall and spring academic term in order to maintain your status as a member of the Part-Time Faculty. For School of Dentistry faculty, the equivalent is 1,000 hours per year, with a half day equal to 3.75 hours. Your exact instructional, advising, and clinical duties and responsibilities are set forth as follows:

[INSERT DESCRIPTION OF DUTIES AND RESPONSIBILITIES]

Your salary for the academic year 201__-20___ shall be $_____ plus additional compensation of $14,400. As a member of the Part-Time Faculty, you are entitled to participate in the benefit programs made available by the University to members of the Part-Time Faculty and your status as a participant under the Provost's Benefits for Surrender of Tenure Policy. Eligibility and benefits are more particularly described in the relevant benefit plan documents as may be amended from time to time. During this appointment, you shall be eligible for merit increases in your salary under the same terms and conditions as apply to all other part-time faculty in such years. Your salary will be paid in monthly installments in the same manner in which your salary has been paid in the 20___-20____ academic year.

You specifically acknowledge that you are neither tenured nor eligible to achieve tenure in this position. Nothing in this letter of appointment shall be deemed to prevent you from retiring effective on any May 31 during the term of this appointment. Upon such retirement, you understand that you are not entitled to receive any additional payments or benefits for your previous surrender of tenure.

Your acceptance of this appointment may be indicated by endorsing the original and one copy of this letter at the same time that you execute the Resignation and Release accompanying this letter and returning it to the Office of the Provost no later than 4:30 PM on March 31, 20___. The President wishes you success in your work. Please also be assured of my interest in the success of your work.

Sincerely yours,

_____
Provost

Accepted:

_____ _____
Signature Date