

[Date]

FACULTY MEMBER

[Unit: College of School of:]

Dear [Salutation Last Name]:

The President, Dr. Michael R. Lovell, has approved your appointment as a member of the Part-Time Faculty to the position of [TITLE] in the College/School of [College/School Name] for a period of **two** years, commencing on [Insert Date] and ending on [Insert Date]. This appointment is contingent upon the satisfactory completion of your obligations as a member of the Full-Time Faculty of the University during the [Insert Dates] academic year. Your continued appointment for the second year within this two-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 two-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 you are not entitled to reappointment at the end of the two year-term of this appointment and that you will not hold other full-time employment during the term of this appointment. 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 [Insert Dates] academic year shall be \$[Insert Amount] plus a health stipend equal to \$[Insert Amount]. 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 Tenure Buyout Policy. Eligibility and benefits are more particularly described in the relevant benefit plan documents as may be amended from time to time.

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 the second year's compensation or any additional payments or benefits for your surrender of tenure.

Please indicate your acceptance of this appointment and the terms herein 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, [Insert Year]. The President and I wish you continued success in your work.

Sincerely yours,

Accepted:

Provost

Faculty Member

Date