Date

Faculty Name

Mailing Address

Re: Offer of Employment

Dear Dr. :

As Chair of the Department of **Department,** I am pleased to offer you a faculty appointment in the Department of **Department** subject to the requirements described below. Your faculty rank will be based upon my recommendation to the Dean and his approval. I am recommending your level to be (**fill in the rank**), on the **non-tenure** **track** or **tenure track,** in the Department of **Department.**

If you accept this position, beginning on your start date, your annual base salary will be **$XXXXX.00** plus benefits, which will be divided into 12 equal amounts and payable monthly, subject to continuous employment. The specific salary and benefit information and other considerations for this offer are included in the attachment which is incorporated herein by reference.

Your duties will be coincident with the mission of UNTHSC, which may include, but not necessarily be limited to participation in student education, resident education, departmental activities, administrative duties and the clinical care of patients through UNTHealth (the faculty practice plan) and its affiliates. Academic activities are supported by and report up to the Dean. Clinical activities are supported by and report up to the Chief Medical Officer.

In addition to your salary, you will receive employment benefits as determined by institutional policy, which will include, but are not limited to, contribution to health insurance and eligibility to participate in one of two state retirement plans. Your health coverage begins the first day of the month following your 60th day on the job. You will automatically be enrolled in Health Select of Texas if you are a full-time employee. During your health coverage waiting period, you can waive coverage and/or sign up eligible dependents. Also, UNTHSC will provide professional liability insurance coverage subject to the terms and conditions of its Plan for Professional Medical Malpractice Self-Insurance. The Departments of Human Resource Services and Health Care Quality & Risk Management are available at your convenience to fully explain the details of employment benefits and the medical malpractice insurance coverage, respectively. Call 855-868-4357 to speak to a Benefits Representative or contact [HRBenefits@untsystem.edu](mailto:HRBenefits@untsystem.edu) via email.

This offer is contingent upon your satisfactory completion of all pre-employment screening and credentialing requirements, including a criminal background check, pre-hire drug screen, and verification that you meet all the requirements included in the job description for this position. I have enclosed with this letter a Criminal History Check (CHC) Authorization & Release Form and Drug Screen Consent (DSC) & Release Form. Please complete and return both forms back to Human Resource Services on or before this offer letter expires. Human Resource Services will contact you with further information regarding the pre-employment drug screen once the consent forms have been received.

Date

Faculty Name

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In addition, this offer is contingent upon the UNTHSC and you entering into UNTHSC’s faculty contract. I have enclosed a “draft” faculty contract for your review, but the final version will only be generated after you have agreed to this letter, a determination of your rank has been made as described above, and you have satisfactorily completed the other requirements described in this letter.

To assist us in finalizing our recruitment and budget plans, we must receive your signed letter of intent by 2 weeks date . After this date, this offer letter shall be considered withdrawn and of no force and effect.

We at the UNTHSC are looking forward to having you join the faculty and know that you will add greatly to the academic and clinical environment on our campus.

Yours truly,

Chair Name

Chair, Department of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frank Filipetto, D.O.   
Dean, Texas College of Osteopathic Medicine

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jeffrey K. Beeson, DO, FACEP, FAEMS

Chief Medical Officer and Executive Medical Director

UNTHSC Clinical Practice Group

Enclosures: Criminal History Check (CHC) Authorization & Release Form

Drug Screen Consent (DSC) & Release Form

Draft Faculty Contract

cc: Provost and Executive Vice President of Academic Affairs

Office of Faculty Affairs

Date

Faculty Name

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I accept this offer of employment, which I understand, is subject to the conditions described above and UNTHSC policy and nothing herein shall be construed as modifying such policy. I understand that this offer is contingent upon my satisfactory completion of all UNTHSC pre-employment screenings, including criminal background check and pre-hire drug screen, and I further agree that I will complete the process for new faculty of UNTHSC including credentialing.

Candidate Signature of Acceptance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ Name

*Revise as applicable to each offer.*

Date

Faculty Name

**ADDENDUM**

**During your first year of employment, your expectations include:**

* This is a **1.0 FTE** (Full Time Equivalent) position with a salary of **$.**
* The anticipated initial primary clinical location will be at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Educational duties will include \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* There will be an annual allotment of up to **$5,000 and 5 days for CME** based  
  on the fiscal year beginning September 1, 2019 and prorate thereafter. Details  
  and approvals can be coordinated with the Department.
* There will be relocation assistance via receipt reimbursement or use of approved vendors up to $5,000. Details and approvals should be coordinated with the department prior to the relocation. Please note federal income, Social Security and Medicare taxes will be deducted from your moving expense reimbursement. All moving expense reimbursements must comply with State of Texas and UNT System guidelines, and must be accompanied by receipts”. (if applicable)
* Start date requested is **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**. Start Date will be dependent upon:
* Acquiring a Texas Medical License if applicable
* Acquiring board certification if applicable
* The Faculty Appointment and Human Resources processes
* Successful completion of credentialing by the UNTHSC QM Department
* Successful completion of credentialing by TIOPA and appropriate hospitals

Chair Signature of Acceptance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Chair

Dean Signature of Acceptance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Frank Filipetto, DO

Interim Dean, TCOM

CMO Signature of Acceptance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_  
Jeffrey K. Beeson, DO, FACEP, FAEMS

Chief Medical Officer and Executive Medical Director

UNTHSC Clinical Practice Group

Candidate Signature of Acceptance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Candidate