TENURED NON-CLINICAL FACULTY AGREEMENT

FACULTY MEMBER:

ACADEMIC RANK:

DEPARTMENT or INSTITUTE:

ACADEMIC SCHOOL:

MAJOR RESPONSIBILITIES:

COMMENCEMENT DATE:

CONTRACT END DATE:

THIS TENURED NON-CLINICAL FACULTY AGREEMENT ("Agreement") is made and entered into by the University of North Texas Health Science Center, a Texas state institution of higher education (“UNTHSC”), and by Faculty Member.

AGREEMENT

# Duties of Faculty Member

. Faculty Member is a tenured faculty member and employee of UNTHSC in providing teaching, educational training, research, and related services to UNTHSC and students of UNTHSC (collectively “Duties”). Specific Duties, including responsibilities, performance expectations, and objectives, are and will be established and evaluated in the UNTHSC faculty evaluation process. Assignment to general areas of responsibility is set forth in Attachment A to this Agreement. Administrative assignments are in the sole discretion of UNTHSC and may be determined or reassigned at any time. During the term of Faculty Member’s employment, Faculty Member agrees to comply with federal and state laws, regulations, and rules, UNT System Board of Regents Rules, and applicable accreditation requirements, UNTHSC policies, including without limitation, the Faculty Bylaws and the Code of Ethics and Standards of Conduct.

# Compensation

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## Total Base Compensation

. For and in consideration of the continued satisfactory performance of Duties and the covenants agreed and entered into by Faculty Member, UNTHSC will pay to Faculty Member the Total Base Compensation more particularly described in Attachment A to this Agreement, payable on a monthly basis through UNTHSC’s payroll system through the annual term of this Agreement, subject to such withholdings as may be required by applicable federal, state, or local laws, or as authorized by Faculty Member, and prorated for partial years or months during the term or for early termination of this Agreement. During the term of this Agreement if Total Base Compensation is adjusted (increase or decrease) in accordance with the Faculty Compensation Plan to address a change in Faculty Member’s effort including responsibilities and accomplishments, a new Appendix A will be generated and signed by the faculty member, chair, Dean and Provost and payroll will appropriately be notified.

## Incentive Compensation

. For and in consideration of the continued satisfactory performance of Services, the covenants agreed and entered into by Faculty Member, and exemplary contributions by Faculty Member, UNTHSC will pay to Faculty Member the Incentive Compensation, if any, earned and payable in accordance with the UNTHSC Faculty Compensation Plan.

# Benefits

. Faculty Member will be provided those benefits regularly provided to faculty
members in accordance with state law and UNTHSC policies, including without limitation, vacation, sick leave, holidays, health and dental insurance, and contributions to retirement. Faculty Member is

required by state law to contribute to Faculty Member’s retirement account each month through payroll withholding. Benefits may be changed from time to time as mandated by the State of Texas or as determined by UNTHSC policy.

# Federal and State Health Care Programs

. At the time of this agreement, Faculty Member represents and warrants that Faculty Member has never been: (a) convicted of a criminal offense related to health care and/or related to the provision of services paid for by Medicare, Medicaid, or another federal or state health care program; or (b) excluded from participation in any federal or state health care program, including, but not limited to, Medicare and Medicaid. Faculty Member further represents and warrants that Faculty Member is not presently debarred, suspended, proposed for debarment, declared ineligible, or excluded from participation in any federal or state grant, benefit, contract, or program (including but not limited to Medicare and Medicaid) by any federal or state department or agency. During the term of this agreement, Faculty Member shall notify UNTHSC within three (3) business days of Faculty Member’s receipt of an initial sanction notice, notice of proposed sanction, the commencement of a formal investigation, or the filing of any charges by any federal or state governmental regulatory or law enforcement agency that effects this representation and warranty.

# Notices. All notices provided for by this Agreement shall be made in writing either: (a) by actual delivery (e.g. personally, by commercial courier service, or (b) by the mailing of the notice by United States Postal Service certified or registered mail, return receipt requested, and addressed to the party to be notified at the address set forth below (or at such other address as may be given by notice by the party). The notice shall be deemed to be received: (i) if by actual delivery, on the date of its receipt by the party, or (ii) if by mail, on the third day on which mail is delivered following the date of deposit in the United States Postal Service.

If to UNTHSC: If to Faculty Member:

 UNT Health Science Center at Fort Worth

# Integration and Entire Agreement

. The UNTHSC Faculty Bylaws and this Agreement including all Attachments hereto contains the entire agreement of the parties and supersedes all prior or contemporaneous agreements and understandings, oral or written, if any, between the parties in connection with the subject matter hereof.

The parties have entered into this Tenured Non-Clinical Faculty Agreement effective upon the date of last signature below.

 **“FACULTY MEMBER” UNIVERSITY OF NORTH TEXAS HEALTH**

 **SCIENCE CENTER AT FORT WORTH**

 By: \_\_

Name: Department Chair/ Institute Exec Director

 Dept/Institute of

Date:
 Date: \_\_

 By: \_\_

 Dean/Interim Dean School/College of

 Date: \_\_

By: \_\_

Glenn Dillon, PhD

Vice Provost for Health Institutes

Date: \_\_

By: \_\_

Claire Peel, PT, PhD, FAPTA

Interim Provost

Date: \_\_

ATTACHMENT A:

GENERAL DUTIES AND COMPENSATION

FACULTY MEMBER:

ACADEMIC RANK:

DEPARTMENT or INSTITUTE:

ACADEMIC SCHOOL

MAJOR RESPONSIBILITIES:

COMMENCEMENT DATE:

CONTRACT END DATE:

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|  | **FTE Allocation** |  |
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| **TOTAL FTE** |  **0.00** |  |
| **ANNUAL SALARY** |  | **$** |