Date

Name

Street Address

City, State, Zip

Re: Offer of Employment

Dear Dr. Last Name

As Chair of the Department of Department Name, I am pleased to offer you a clinical faculty appointment in the Department of Department Name, subject to the requirements described below, effective M/D/YYYY. Your faculty rank will be based upon my recommendation to the Dean and his/her approval. I am recommending your level to be Rank in the Department of Department Name.

If you accept this position, beginning on your start date, your annual base salary will be Salary Amount Divisible by 12 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, departmental activities, administrative duties related and the clinical care of patients through HSC Health (the faculty practice plan) and its affiliates. Academic activities are supported by and report up through the Chair to the Dean. Clinical activities are supported by and report up to their respective Clinical Chief and Chief Operations 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. 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 via email.

This offer is contingent upon your satisfactory completion of all pre-employment screening and credentialing requirements, including a criminal background check and pre-hire drug screen. The offer is also contingent upon verification of your authorization to work in the United States. I have enclosed with this letter the Criminal History Check (CHC) Authorization & Release Form, Drug Screen Consent (DSC) & Release Form and Language Attestation Form.  Please complete and return all three forms to me on or before the date this offer letter expires.  Human Resources will contact you with further information regarding pre-employment screening once the consent forms have been reviewed.

Date

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 M/D/YYYY (2 weeks later). After this date, this offer letter shall be considered withdrawn and of no force and effect. We 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.

Sincerely,

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

Chair- Name & Credentials (always signs)

Department

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

Dean – Name & Credentials (always signs)

College/School

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

A.J. Randolph, MBA

Vice President for Finance and Administration/Chief Operations Officer

HSC Clinical Practice Group

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

 Drug Screen Consent (DSC) & Release Form

 UNTHSC Primary Language Attestation Form

 Draft Faculty Contract

cc: Provost and Executive Vice President of Academic Affairs

 Office of Faculty Affairs

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: \_\_\_\_\_\_\_\_\_\_\_

*Remove these directions before routing.* *Revise as applicable to each offer*

*(i.e. If no relocation – remove the line, etc.)*

Date

Name

Page

**ADDENDUM**

* This is a FTE(Full Time Equivalent) position with a salary of Salary
* The anticipated initial primary clinical locations will be at the Department Name
* Educational duties will include duties
* There will be an annual allotment of up to $2,500 and 5 days for CME based on the fiscal year beginning September 1, 20XX and prorate thereafter. Details and approvals can be coordinated with the Department.
* You will receive a relocation allowance of Amount for rellocation for your move to the Fort Worth area. Please note federal income, Social Security and Medicare taxes will be deducted from your relocation allowance.
* Start date requested is M/D/YYYY. 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: \_\_\_\_\_\_\_\_\_\_\_

Dean Signature of Acceptance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_

A.J. Randolph, VP Fin. Adm., COO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_

Candidate Signature of Acceptance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_