Date

Name

Address

City, State, Zip

Dear Dr. Last Name:

I am pleased to offer you an appointment to the faculty of the University of North Texas Health Science Center at Fort Worth (UNTHSC) effective M/D/YYYY. Your faculty rank in the Department of Department Name will be based upon the recommendation to the Dean and his approval. I am recommending your rank to be Rank Approved by HR on the tenure/non-tenure track. In this faculty position, you will report to me as Chair of the Department of Department Name.

Your annual salary will be Salary Amount Divisible by 12. Your salary will be paid in 12 equal monthly payments, subject to continuous employment. The salary figure represents the gross amount (excluding benefits) and is subject to deductions as required by state and federal law, and such other deductions as you may authorize.

You will be provided research space in bldg-room, bldg-room, etc. in accordance with UNTHSC and Department Name space policy. As part of the offer you will be provided with Start-up amount as UNTHSC start-up funds over a x-year period to be used for UNTHSC equipment purchases. In addition, we agree to pay shipping of your laboratory equipment from (current institution) to Fort Worth. Your assigned office space is bldg-room within the office complex of the Department of Department Name. It is expected that you will be active in teaching of graduate, medical and physician assistant students and training of graduate students in the Department of Department Name from the start of your employment. Other teaching assignments will be assigned following mutual discussions and agreement. As a participant on the tenure/non-tenure track you will be expected to successfully compete for grants and publish peer-reviewed manuscripts. You will receive a yearly written evaluation.

You will also be eligible for the usual benefits of the institution, including a mandatory retirement program. 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. The State of Texas also allocates a monthly amount to be applied to health and/or life insurance. For more detailed information concerning health/insurance benefits please call 855-868-4357 to speak to a Benefits Representative or contact [HRBenefits@untsystem.edu](mailto:HRBenefits@untsystem.edu) via email.

On your first day of employment, you are required to provide a photo ID and documents that establish employment eligibility in the United States. If you are unsure of what documents are acceptable, please visit <http://www.uscis.gov/files/form/i-9.pdf>. If you have any questions concerning the above matters, please feel free to contact the Office of Human Resource Services (817-735-2690).

Date  
Faculty Name  
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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.

Please indicate your acceptance of this offer by signing and returning the original copy to my office. If we have not received your signed offer letter on or before M/D/YYYY(2 weeks from) month, day, year this offer will be automatically withdrawn.

I look forward to having you join the Department of Department Name at the University of North Texas Health Science Center at Fort Worth and working with you to achieve your career goals and the mission of UNTHSC.

Sincerely,

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

Chair - Name & Title, Department (always signs)

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

Dean - Name & Title, School/College (always signs)

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

Drug Screen Consent (DSC) & Release Form

Primary Language Attestation Form

c: 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_