Example – Offer for Part-time Faculty

Date

Faculty Name and Credentials

Address

City, State & Zip Code

Dear Dr. Last Name:

I am pleased to offer you a clinical/non-clinical 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. 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. Your new position is part-time and classified as FTE. The salary figure represents the gross amount and is subject to deductions as required by state and federal law, and such other deductions as you may authorize.

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>. Also, as a part-time faculty at FTE, you will not be eligible for the institutional benefits plan. If you have any questions about this information, you may contact the Office of Human Resource Services, by phone at 817-735-2690.

As a part-time Rank, your duties will include Duties Description.

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 complete and return the forms back to Human Resource Services on or before the date this offer letter expires M/D/YYYY. Human Resources will contact you with further information regarding the pre-employment drug screen 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 appointment letter before 5:00 pm on M/D/YYYY, this offer will automatically be withdrawn and of no force and effect.

Faculty Name

Date
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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 & Credentials (always signs)

Department

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

Dean Name & Credentials (always signs)

School/College

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

A.J. Randolph, MBA (if applicable)

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

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