* ***Regular Faculty***
* ***Paid all or majority by VAMC***
* ***Assistant Professor***
* ***Indeterminate Appointment***

Date

Address

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

I am pleased to offer you an appointment to the faculty of the University of Colorado School of Medicine as Assistant Professor. This offer, which supersedes any other written or verbal agreement, is made upon the recommendation of the Department of \_\_\_\_\_\_\_\_\_\_\_\_, Division of \_\_\_\_\_\_\_\_\_\_*,* and subject to final approval by the Provost of the University of Colorado Denver. Faculty employed by affiliate institutions are not eligible for University tenure nor does your service count toward University tenure.

Your appointment will begin on \_\_\_\_\_\_\_\_\_\_\_, 201\_. This is an indeterminate appointment with no specified end date. Continuation of the appointment is contingent on continued funding by the Veteran’s Affairs Medical Center (VAMC). This letter constitutes notice to you that if that funding ends and if no other funding is secured, this appointment will automatically convert to an at-will appointment with no further notice required.

***[Choose between the following two paragraphs:]***

As an employee of Veteran’s Affairs Medical Center (VAMC), your salary and benefits will be provided by VAMC. The University is not responsible for your salary and/or benefits and is not your employer.

-or-

Your total salary between the VAMC and the University of Colorado School of Medicine will be $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. As an employee of Veteran’s Affairs Medical Center (VAMC), the VAMC is responsible for \_\_ eighths of your position. The University of Colorado School of Medicine will provide salary support in the amount of $\_\_\_\_\_\_ for \_\_\_ percent of time of your position. ***[Note: % of time and FTE that are entered into HRMS should be reflective of the eighths committed for the SOM portion of the position.]*** Because less than half of your effort is from the University, your University salary is considered under the Supplement component. A copy of the School of Medicine BSI Salary Plan is attached, as are the departmental guidelines for determining the Supplement. Your faculty benefits (medical, dental and life insurance) will be provided by \_\_\_\_\_\_\_\_\_\_\_ ***[VAMC or University of Colorado]***. You will earn annual and sick leave from the University of Colorado based on your above mentioned University percent of time.

As a condition of your appointment, you will be expected to become an associate member of the University Physicians, Inc. (UPI) by executing a Member Practice Agreement, stipulating that all professional fees associated with University clinical programs be billed and collected through UPI.

As a condition of this offer, you are expected to maintain a current Colorado State Medical License (or other State Medical License) and full privileges through UCH or UCD-affiliated hospital credentialing services. Your position may be subject to termination without notice should you lose either your Colorado state medical license or full hospital privileges.

Your duties in this faculty position will include teaching, research, and service responsibilities. In addition, specific responsibilities will be as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (Provide a detailed job description.)

***[Special commitments or special conditions of appointment, e.g., moving allowance, space and equipment, etc., if applicable]****:* In order to assist you with your relocation, the University will reimburse the actual moving and transportation costs for you to relocate, up to a maximum of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and subject to University policy (appended). ***[Optional]***: You will receive $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to purchase \_\_\_\_\_\_\_\_\_\_\_\_\_ **[*a computer, etc.]***which will remain the property of the University of Colorado but will be for your exclusive use so long as you remain a member of the faculty.

By accepting this appointment, you agree to perform duties and responsibilities which are in the area of your expertise or academic interest, or are otherwise appropriate, and which are assigned to you consistent with your rights and responsibilities as a faculty member, and the policies and procedures of the University and of your academic unit. The duties and responsibilities assigned to you may also change, depending on the needs of the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

By accepting this appointment, you agree to comply with all resolutions, rules and regulations adopted by the Board of Regents, and with policies and regulations adopted by the campus, department, school, college or other academic unit in which your appointment is made, consistent with the policies and procedures of the University and your rights and responsibilities as a faculty member. The promotion and tenure criteria for the School of Medicine are outlined clearly in the *Rules of the School of Medicine* and promotion matrices, available at <http://medschool.ucdenver.edu/faculty>.

The School of Medicine places a high value on professionalism and institutional citizenship. As outlined in the *Rules of the School of Medicine*, members of the faculty are expected to demonstrate a sincere interest in the welfare of students, residents, patients and colleagues and to participate actively in departmental meetings, conferences, teaching exercises and other programs. Faculty members are also expected to serve as models of professionalism, exhibiting a commitment to service, honesty, lifelong learning and open and respectful communication.

Your performance will be subject to periodic review, including an annual departmental review, as more fully outlined in University policy and laws as well as the *Rules of the School of Medicine.*

In order that a recommendation for appointment may be submitted to the Provost of the University of Colorado Denver on your behalf, please notify me by \_\_\_\_\_\_\_\_\_\_, of your willingness to accept this position by returning the signed letter to the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Campus Box\_\_\_\_\_\_. This appointment will not be official until you have returned a signed copy of this letter and any attachments and your appointment has received final approval from the Provost. If there are changes in the conditions of your appointment, we will notify you in writing. We look forward to your acceptance of this offer and your contributions to the University.

Sincerely,

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

Division Head/Center/Institute Director Date

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

Department Chair Date

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

Chair (or appropriate title) Date

Affiliate Institution

Concurred by:

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

John J. Reilly, Jr., MD Date

Richard D. Krugman Endowed Chair

Dean, School of Medicine

Vice Chancellor for Health Affairs

*I accept this offer of the faculty position described above, with the understanding that this offer is conditional upon approval of my appointment by the Provost of the University of Colorado Denver. I understand that this letter of offer may only be modified in writing and that any changes must be approved by the Provost.*

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

Signature Date

I decline this offer.

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

Signature Date