* ***Regular Faculty***
* ***Paid Solely by an Affiliate Institution (DHHA or NJH)***
  + [Note: Faculty at affiliates receiving 50% or more of their salary from the University are considered to be University employees – DO NOT USE THIS LETTER.]
* ***Assistant Professor***
* ***At-Will 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 \_\_\_\_\_\_\_\_\_\_\_\_\_, 200\_. This is an at-will appointment for which your employment contract is subject to termination by either party to such contract at any time during its term, and you shall be deemed to be an employee-at-will. No compensation, whether as a buy-out of the remaining term of the contract, as liquidated damages, or as any other form of remuneration, shall be owed or paid to you upon or after termination of such contract except for compensation that was earned prior to the date of termination.

As an employee of \_\_\_\_\_\_\_\_\_\_\_\_\_ (affiliate), your salary and benefits will be provided by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (affiliate). The University is not responsible for your salary and/or benefits and is not your employer.

***[Do not use the following paragraph for DHHA faculty – it is not necessary.]***

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

As a condition of this offer, you are expected to maintain a current Colorado 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, clinical, 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, 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 Faculty Handbook, which includes an index of current Regent Laws and Policies and Administrative Policy Statements, Regent actions and additional information that pertains to faculty, is available at <http://www.cu.edu/office-academic-affairs/faculty-handbook>. Article 5.D of Regent Law, which outlines the Principles of Academic Freedom, is available at <http://www.cu.edu/regents/article-5-faculty>. The Code of Conduct, which states the university’s commitment to upholding the highest ethical, professional, and legal standards is available at <https://www.cu.edu/ope/aps/2027>.

Administrative Policy Statement #1022, which outlines the standards, processes and procedures for the comprehensive review, promotion tenure, and post-tenure review of faculty of the University of Colorado, is available at <http://www.cu.edu/ope/aps/1022>. 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>.

You shall not, at any time whatsoever, use the University’s confidential information or trade secrets for any purpose other than your performance as an employee of the University nor disclose such information to any other person or entity, except as required by law or medical ethics.

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.

All faculty members are expected to review the Teacher-Learner Agreement, which outlines the guiding principles for ensuring a positive climate for learning. This Agreement, along with school’s curriculum objectives, the student supervision policy and other important resources related to faculty teaching obligations, is available at: <http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MDProgram/administration/PreparationToTeach/Pages/default.aspx>.

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