* ***Regular Faculty***
* ***SOM Employee, paid partially (<50% of total salary) by VAMC***
* ***Assistant Professor***
* ***Limited 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.

Your appointment will begin on \_\_\_\_\_\_\_\_\_\_\_, 201\_, and terminate on \_\_\_\_\_\_\_\_\_\_\_\_, 200\_. This is a limited appointment and may be renewable at the end of the appointment term in accordance with University provisions concerning renewal and reappointment found in the Laws of the Regents.

You are eligible to be considered for University tenure under the revised policies on promotion and tenure approved by the Board of Regents on August 7, 1997. The policy, as well as a completed copy of the *Rules of the School of Medicine,* is available at <http://medschool.ucdenver.edu/faculty>.

Your initial salary from the University of Colorado School of Medicine, for the period of time from \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_, will be $\_\_\_\_\_\_\_\_\_\_\_\_ per annum for a (full-time/\_\_\_\_% of a full-time) position. This includes a Base component of $\_\_\_\_\_\_\_\_\_ and a Supplement component of $\_\_\_\_\_\_\_\_\_\_. ***[Included in the Supplement is an administrative stipend of $\_\_\_\_\_\_\_\_\_\_\_ for your role as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This administrative stipend is not guaranteed but is dependent on continuing support of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for your work as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If the position of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is discontinued, this administrative stipend will end.]*** A copy of the School of Medicine Base, Supplement, Incentive (BSI) Salary Plan is attached, as are the departmental guidelines for determining the Supplement. The VAMC is responsible for \_\_\_ eighths of your position.

University of Colorado benefit programs available to faculty, including health, life, retirement, and other insurance options, are described in the university benefits packet for employees.  Please contact Employee Services for important information regarding your benefits and payroll.  You may contact Employee Services at (303)-860-4200 or view information on the internet at: <https://www.cu.edu/employee-services>. You will receive information at new faculty orientation which includes a benefits presentation.  Accrual of annual and sick leave at the University will be based on your University FTE, as stated above.

As a condition of your appointment, you will be expected to become a member of the University of Colorado 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 (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.)

***[Include the following paragraph if special commitments or special conditions of appointment are being offered]:***

In order to assist you with your relocation, the University will reimburse the actual expenses up to a maximum of $\_\_\_\_\_\_\_\_\_. Reimbursed expenses require itemized receipts, proof of payment, and are subject to University policy (appended). ***[Optional]:***You will receive up to $\_\_\_\_\_\_\_\_\_\_\_ 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.

***[The following paragraph is optional and for use if relocation expenses will be reimbursed]:***

If you should resign within [***time frame, e.g., 3-5]*** years of your employment start date, or if you are terminated by the University at any time for cause, the University will withhold from your final paycheck the actual moving and recruitment costs incurred by the University related to your hire. These costs include moving expenses as well as travel, meal and housing costs during recruitment.

***[The following paragraph is optional]:***

In recognition of support provided by either an affiliated hospital or the University, to guarantee your salary in the absence of sufficient revenue from clinical revenues, grant funding or fee for service arrangements to cover your salary, should you resign from the University within *[****time frame, e.g. 2-5]*** years of your start date, or if you are terminated by the University at any time for cause, then within 3 months of your departure you shall repay the University the amount of that salary support with a prorated reduction for the total amount of months you have been employed by the University over that *[****time frame, e.g. 2-5]*** year period.

***[The following paragraph must be included if either of the two preceding paragraphs are used.]***

The University, with the agreement of CU Medicine, may, in their sole discretion, elect not to enforce the provisions in the preceding [paragraph or two paragraphs].

***[The following paragraph is optional]:***

You will receive a one-time recruitment incentive in the amount of $\_\_\_\_\_\_\_\_\_. This recruitment incentive will be paid to you as a lump sum within the first 60 days of your hire date. This recruitment incentive is expressly conditioned upon your continued employment at the University of Colorado School of Medicine, Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for *[****1-3]*** year(s). In the event that you do not complete \_\_\_ year(s) of employment with the University in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for any reason, including but not limited to resigning this appointment or termination for cause, you agree to return *[choose one]*: (1) a pro rata share of the $\_\_\_\_\_\_\_ recruitment incentive, with a reduction for the total amount of months you have been employed by the University over that *[****1-3]*** year period; OR (2) the entire $\_\_\_\_\_\_ recruitment incentive. Repayment to the University will be made within six (6) months of your last day of employment at the University.

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