**OFFER LETTER FOR NONTENURE TRACK FACULTY APPOINTMENT**

Name and Address: Date:

Salutation:

I am pleased to inform you that the President has authorized me to offer you an appointment to the faculty of The University of Texas \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with the title of \_\_\_\_\_\_\_\_\_\_\_\_\_\_. This is a nontenured, nontenure track position. You will be assigned to the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and your duties and schedule will be determined by the Chair of the Department. This appointment is without tenure and is subject to review and approval by the Office of the Chancellor and the Board of Regents of The University of Texas System. Upon approval you will receive an official memorandum of appointment from the Office of the President. All faculty, administrators, and staff are subject to the relevant provisions of the Rules and Regulations of the Board of Regents and the Handbook of Operating Procedures of The University of Texas \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and to applicable state and federal laws.

Your appointment, if approved, will be effective for the period beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and ending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with a \_\_\_\_\_\_\_\_ month base compensation of \_\_\_\_\_\_\_\_\_\_\_ for that period. This appointment will be for the indicated period only. A formal offer will be made for any appointment beyond that period. The salary is subject to all deductions required by federal and state law and, if permitted by law, such other deductions as you may authorize in writing.

You will be entitled to all employee benefits authorized by the state legislature. Those benefits for which you may qualify will be discussed with you by the Human Resources Department at the time you complete the paperwork for your appointment. The Human Resources Department will also assist you in completing the form and providing the documentation required by the Federal Immigration Reform and Control Act. You must meet the requirements of this Act to qualify for this appointment.**\***

The faculty of the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ are enthusiastic about your proposed appointment. I share that enthusiasm and look forward to having you as a member of our faculty. Please indicate your acceptance of this offer by signing in the space indicated below and returning to me on or before \_\_\_\_\_\_\_\_\_\_\_\_\_\_ so that we may forward your appointment for the review and approval process.

If you have any questions, please call me.

Sincerely,

Name

Dean, College of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair, Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copy to: President Provost

I accept this offer of appointment.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* Add for security sensitive positions: "This offer is contingent upon satisfactory completion of all pre-employment screening requirements, including a criminal background check for security sensitive positions."**

Last Updated: May 1, 2013

(Health Affairs Form 14)