**CODE 1000 EMPLOYEE**

Name and Address: Date:

MEMORANDUM OF APPOINTMENT, 20\_\_ - 20\_\_ Fiscal Year

You have been appointed to the following position at The University of Texas\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

|  |  |  |
| --- | --- | --- |
| **Title** | **Percent Time** | **Budget Period** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Base Compensation** | **Practice Plan Augmentation** | **Other Compensation** | **Total Compensation** |
|  |  |  |  |

This appointment is subject to the provisions of the *Rules and Regulations* of the Board of Regents of The University of Texas System, Regental and U. T. System policies, the rules and regulations of the University, and applicable state and federal laws. The total compensation is the gross compensation for the indicated budget period only and is subject to deductions required by state and federal law and, if permitted by law, other deductions that you authorize.The obligation for the payment of all or any portion of your compensation from contracts, grants, gifts, bequests, or endowments is dependent upon receipt of those funds. The stated compensation may be increased or decreased in subsequent budget periods on the basis of your performance of assigned duties and responsibilities. Practice plan augmentation may be decreased during a budget period when the current income to the practice plan is insufficient to meet the currently existing practice plan commitments.

Your appointment is without term and subject to termination at the pleasure of the President.

Please indicate acceptance of this appointment by signing and dating the attached copy of this Memorandum in the space indicated below and return it to the Office of the \_\_\_\_\_\_\_\_\_\_\_\_ by September \_\_\_\_\_, \_\_\_\_\_\_, in order that your name may be placed on the payroll for the next fiscal year.

A revised Memorandum will be sent if there is a change in your status during the indicated budget period.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, President

I accept this appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Updated May 1, 2013

(Health Affairs Form 10)