Click to add date

Click to add Candidate Name

Click to add street address

Click to add City, State Zip.

Dear Click to add candidate name,

It is a pleasure to inform you that I will recommend to the Dean of the School of Medicine and the Executive Vice President and University Provost that you be appointed to a Choose an item. term faculty position in the School of Medicine Department of Choose Department effective Click to enter start date. through Click to enter end date.. Your appointment, if approved, will be as Choose rank. with an FTE of Click here to enter FTE.

Your University Institutional Base Salary will total $Total UofL Salary, which is comprised of $UofL Base Salary base salary and $UofL Supplement Salary University supplemental salary. **(INTERNAL NOTE:****If there is additional supplemental pay, the amount and duties for receiving it must be clearly indicated.)** Per University policy, this position is without tenure and does not accrue time toward tenure. A term contract does not imply renewal for subsequent terms but may be renewed upon mutual agreement.

**(INTERNAL NOTE: This paragraph for ULP faculty only.)** In addition to the foregoing salary from the University, you will receive compensation from University of Louisville Physicians, Inc. in the amount of $Click to enter ULP salary per year [, a portion of which is contingent on meeting certain productivity, quality or other measures (*if applicable*)].  Such additional compensation requires the execution of University of Louisville Physicians, Inc.'s standard employment agreement, and compliance with the terms thereof.

Your initial annual work plan will be Insert %.% teaching, Insert %% research, and Insert %% service (Insert %% Clinical Service, or Insert %% Service to Research, and/or Insert %% Community Service). Your annual review will evaluate your performance commensurate with the distribution of effort in the approved work plan.

This offer of faculty appointment is contingent upon your successful completion of a state and national criminal history background check. If you are not a United States citizen, this appointment is made on the condition that you have authorization to work under U.S. Immigration and Naturalization laws.  If necessary, you are responsible for maintaining proper work authorization through U.S. Citizenship and Immigration Services (USCIS). To the extent you require and are qualified to seek a nonimmigrant worker visa (i.e. H-1B or O visa), the University may provide the Department of Choose Department with the legal services necessary to petition the USCIS for the appropriate visa on your behalf.  Furthermore, it is agreed that as a condition of your employment you are bound by the provisions of the University of Louisville, School of Medicine, Professional Practice Plan adopted by the Board of Trustees on June 23, 1975 and as subsequently amended.  Should you resign this appointment, you must provide notice of your intent to resign no less than ninety (90) days prior to your resignation date.

This offer is not effective until you have accepted the terms hereof and such terms are approved by the School of Medicine Dean, Executive Vice President and University Provost and the University of Louisville Board of Trustees.

**(INTERNAL NOTE: This paragraph is for clinicians only.)** If you are a practicing clinician, as a condition of your employment, you agree that Kentucky Medicaid patients and Kentucky Medicaid recipients enrolled in Medicaid Managed Care Organizations that you treat are treated by you in your capacity as an employee of the University, and that payments made by Kentucky Medicaid and Kentucky Medicaid Managed Care Organizations will be made to the University of Louisville Research Foundation (ULRF). Your signature below acknowledges the necessity for obtaining and retaining your license to practice and maintaining hospital privileges in order to retain faculty status. In addition to the causes for termination specified in Redbook, Section 4.5.3.A, losing your license to practice and/or losing privileges at the major teaching hospital with which you are affiliated (i.e., University of Louisville, Norton Children’s, Norton, Jewish Hospital, VA Medical Center, etc.) and/or separation from University of Louisville Physicians employment may result in reduction of compensation and/or termination.

Your employment at the University of Louisville is subject to all University of Louisville policies and procedures, as amended from time to time, including but not limited to The Redbook (<http://louisville.edu/provost/redbook>), School of Medicine and departmental policies.  School of Medicine policies and other employment resources are available to you at <http://louisville.edu/medicine/facultyaffairs>. The foregoing policies and procedures are not incorporated into this agreement, rather, it is acknowledged and understood that they separately apply to govern the employment of University employees. Thus, as a faculty member, you will comply with all University policies and procedures.

For a description of University benefits for which you may qualify, please visit <http://louisville.edu/hr/gptw/benefits>.

**(INTERNAL NOTE: Use this statement if you will be attaching an addendum.)** Please see attached addendum for further employment details.

We would be happy to have you join our faculty. If you are in agreement with the terms of this offer, please sign a copy of this letter and return it to me by Click or tap to enter a date. or this offer may be rescinded.

Sincerely,

Chairman Signature

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

Candidate’s Name Date

**Addendum to letter dated** Click to add same date on LOO**.**

**(INTERNAL NOTE: This addendum is optional. The following are examples of items that can be added as an addendum to the letter of offer so long as these offerings are consistent with the policies and practices of the school of medicine. This is only an example. If you use this addendum you will need to notate that it is being used in the official letter of offer and provided in the letter of offer approval process and final triptych.)**

1. An academic office would be provided at Click to add office address.
2. You will be given $Click to add $ amount.annual allowance for CME, travel, dues & licenses covered by the department.
3. Moving expenses will be paid up to one month of annual University of Louisville salary with University of Louisville contracted movers.
4. The Department will cover the cost of liability insurance and the cost of Maintenance of Certification (MOC).
5. In support of your research program you will be provided start-up funds in the amount of $Click to add $ amount.for purchase of new equipment for your laboratory and $Click to add $ amount. per year for Click to add number of years. years for personnel and supplies.
6. The appointment is subject to applicable paid time off policies at the time of appointment commencement
7. Your primary work assignment (approximately Click to add FTE. FTE, Click to add number of shifts. shifts per month) will be Click to add type of coverage. coverage in the Click to add service..
8. You will participate in a proportional share of night and weekend coverage for Click to add service..
9. You will be allotted a budget of $Click to add $ amount. for office expenses including equipment, staff assistance, etc.
10. You will have lab space located at Click to add address..