



Western University of Health Sciences Tenure-Track/Non-Tenure Faculty Contract

Academic Year: July 1, _____, through June 30, _____
Faculty Member _____
Dept _____ Org# _____
PCN _____ PCN _____
FTE _____ FTE _____

Part I: INTRODUCTION

This Tenure-Track or Non-Tenured Faculty Appointment Contract (hereinafter Contract) is a statement of the mutual obligations and expectations between the faculty member named above and Western University of Health Sciences/College of _____. The Faculty Handbook, which serves as a part of this Contract, governs such issues not covered in but relevant to this Contract.

Faculty salary addressed in this Contract is limited to the fiscal year(s) specified by the Contract appropriations, and faculty appointments coincide with the University's fiscal year (July 1 – June 30).

Because the University is an Academic Health Science Center, some faculty may have responsibilities and duties and receive salary from an organizational unit different from the faculty's primary appointment. In such cases, the appropriate administrator should approve and sign Part V of the Contract, and any other contract should be attached to this Contract. Professional services performed under the auspices of various practice plans are for the benefit of the University. Billings, collections and/or professional compensation for such services are conducted by the appropriate practice plan on behalf of the University.

For this Contract to be valid and enforceable, the faculty member and the appropriate department chair(s) and/or dean(s) must consent to the conditions and terms contained in this Contract. The policies and procedures for termination, grievance, and mediation by either the University or the faculty member are set forth in the Faculty Handbook.

For those faculties who have administrative positions within the college, the administrative portions of the assignments serve at the will of the dean. If you no longer serve in the administrative position, the salary schedule will return to the annual base level as indicated in the Contract.



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Part II: PERIOD OF PERFORMANCE

☐ Twelve (12) months.

☐ Less than twelve (12) months. Please specify:

Length of Service (in Months) _____

Beginning Date _____

Ending Date _____

Part III: SALARY FOR PERIOD OF PERFORMANCE

A.	Annual Base Salary	Anticipated Funding Type*	Amount
			\$ _____
			\$ _____
			\$ _____
			\$ _____
		Total:	\$ _____

B.	Non-recurring Salary	Anticipated Funding Type*	Amount
	1. Administrative Supplement (e.g., program directorship)		
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	2. Other (e.g., exceptional performance)		
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
		Total:	\$ _____

C.	Incentive Salary (conditional and estimated)	Anticipated Funding Type**	Amount
	Activity (e.g., clinical care, research success, creative teaching techniques)		
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
		Total:	\$ _____
		Grand Total (A, B, & C):	\$0.00

*Please use descriptive terms, e.g., college allocation, research grant, practice plan or other.

**Funding must be available from practice plan, research grant or funded program.



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Part IV: ASSIGNMENT/RESPONSIBILITIES/GOALS

% Effort

Teaching: Curriculum Support/Instructional Development/Academic Consultation/Student Advising/Teaching

%

Scholarship: Presentation/Publications/Professional Development

%

Research Activities:

%

Service: Institutional/Community

%

Administration: Leadership/Mentoring/Supervision/Management

%

Clinical/Professional Practice:

%

Other:

%



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Part V: ACADEMIC APPOINTMENT

Based on your activities with, or in relation to, Western University of Health Sciences, your faculty appointment is considered:

Select From List Period of Performance (*months*): _____

If it is less than twelve (12) months, please specify dates of service:

Beginning Date: _____ Ending Date: _____

Dept. (*Primary Appt*): _____

Division (*if applicable*): _____

Primary College Appointment: Select from List

Secondary College
(**Joint**) Appointment(s): _____

Secondary Department
(**Dual**) Appointment(s): _____

Academic Rank: Select From List If "Other" define _____

Modifier to Academic Rank: Select From List

Tenure Status: Select From List



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Part VI: ACKNOWLEDGMENTS AND AGREEMENTS

I, the Faculty Member, agree that the estimate of effort and salary are reasonable and reflect the mutual agreement between (a) the department chair(s) and/or dean(s) and (b) me.

Furthermore, I accept that compliance with the general terms and provisions as published in the Faculty Handbook are conditions of my appointment to the Western University of Health Sciences faculty. I also agree to comply with the rules and regulations required for the conduct of research and clinical practice. The Constitution and/or By-laws of any approved and applicable practice plan and associated contract(s) will govern those activities.

By signing this Tenure-Track or Non-Tenured Faculty Appointment Contract, I confirm that I understand that the terms of this agreement are in effect for a period of twelve (12) months, effective July 1, _____ through June 30, _____, unless otherwise stated in Part II. I understand that my responsibilities as described in Part IV may be adjusted throughout the year based on the departmental instructional needs, changes in research priorities, alterations in clinical service responsibilities, and the need to respond to unanticipated professional opportunities. In such an event, a reasonable level of change may be negotiated between (a) the department chair(s) and/or dean(s) and (b) me.

Concurrence:

Faculty Member

Date

Dean (if appropriate)

Date

Dept Chair (if appropriate)

Date

Senior Vice President and Provost

Date

Each party agrees that the electronic signatures, whether digital or encrypted, of the parties included in this Agreement are intended to authenticate this contract and to have the same force and effect as manual signatures.

Agreement Version Information (Please select one)

☐ New

☐ Revised Select Revision Number