



# Western University of Health Sciences Tenured Faculty Contract

Academic Year: Indefinite

*Faculty Member* \_\_\_\_\_

*Department* \_\_\_\_\_ *Org#* \_\_\_\_\_

*PCN* \_\_\_\_\_ *PCN* \_\_\_\_\_

*FTE* \_\_\_\_\_ *FTE* \_\_\_\_\_

## Part I: INTRODUCTION

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This 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 is addressed in an annual Faculty Salary and Workload Agreement, and is subject to all terms and conditions contained therein. Payment of salary by the University is in consideration for the performance by the faculty member of the mutually agreed assignments and responsibilities, and will not be made in the absence of an executed Faculty Salary and Workload Agreement.

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 III 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 faculty members 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 applicable Faculty Salary and Workload Agreement.



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OF HEALTH SCIENCES

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## Part II: ACADEMIC APPOINTMENT

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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

Modifier to Academic Rank: Select From List



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### Part III: ACKNOWLEDGMENTS AND AGREEMENTS

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 Tenured Faculty Appointment Contract, I confirm that I understand that the terms of this Contract are in effect for an indefinite period, which may be amended based on Post Tenure Review as outlined in the Faculty Handbook. I understand that my responsibilities as described in the supplement Faculty Salary and Workload Agreement 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.*

For Office Use Only: (Initial for approval process)		
BDGT _____	HR _____	PROVOST _____