



Western University of Health Sciences Tenured Faculty Salary and Workload Agreement

Academic Year: July 1, _____, through June 30,

Faculty Member _____

Dept _____ *Org#* _____

PCN _____ *PCN* _____

FTE _____ *FTE* _____

Part I: INTRODUCTION

This Tenured Faculty Salary and Workload Agreement (hereinafter Agreement) 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 Agreement is limited to the fiscal year(s) specified by the appropriations that are denoted in the Period of Performance section of this 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 V of the contract, and any other contract should be attached to this Agreement. 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.

This Agreement will be effective upon execution by the faculty member and the Provost, and shall be effective for the Academic Year specified herein, ending June 30. This Agreement is not subject to automatic renewal or extension, and a new Agreement must be executed for any subsequent academic year(s). No salary will be paid for any period prior to acceptance and delivery of this Agreement by the faculty member to the University.

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 this Agreement.



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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):		\$ _____

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

**Incentive Salary is conditional and must comply with any applicable University policies. The specified amount is an estimate only, and presumes that all performance standards relating to the Incentive Salary will be met.

***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: 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.

By signing this Tenured Faculty Salary and Workload Agreement, 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)	
<input type="checkbox"/> New	<input type="checkbox"/> Revised Select Revision Number