PIN #       THE UNIVERSITY OF TENNESSEE [ ]  Initial Appointment

 HEALTH SCIENCE CENTER [ ]  Revised Appointment

 FACULTY APPOINTMENT AGREEMENT [ ]  Joint Appointment

 Base Department

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |       |  | Personnel #: |       |
| Rank: |       |  | Department: |       |
| College |       |  | UTHSC Salary | $0 |
|  |  |  |  | (per annum) |

Provision of a practice allowance must comply to The University of Tennessee Health Science Center Faculty Handbook

and will be made through a separate income limiting contract.

**APPOINTMENT WILL BE:**

|  |  |
| --- | --- |
| [ ]  | On tenure track for a probationary period of       years. |
|  | A tenure decision will be made prior to the end of the probationary period in accordance with The University of Tennessee Health Science Center Faculty Handbook, i.e., no later than June 30,      . |
| [x]  | Not on tenure track. |
|  | In accordance with The University of Tennessee Health Science Center Faculty Handbook, you are not eligible for consideration of tenure because you are a member of an affiliated institution:  |

**APPROVED BY:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Chair |  | Date |  | Dean |  | Date |
|       |  |  |  |       |  |  |
| Chair |  | Date |  | Dean |  | Date |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Cynthia Russell, PhDVice Chancellor for Academic, Faculty and Student Affairs |  | Date |

I agree to the terms of this proposal as indicated above. I have read The University of Tennessee Health Science Center

Faculty Handbook and agree to the criteria and procedures employed in recommendations and decisions about appointment, reappointment, and the awarding of tenure at The University of Tennessee Health Science Center and any special procedure customarily employed in the department, college, program, or division of The University in which my appointment is to be recommended.

|  |  |  |
| --- | --- | --- |
|   |  |  |
| Candidate’s Signature |  | Date |

YOUR APPOINTMENT BY THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER IS EFFECTIVE FOR THE PERIOD FROM       20      UNTIL JUNE 30, 20     , AND IS RENEWABLE ANNUALLY THEREAFTER, IN ACCORDANCE WITH THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER FACULTY HANDBOOK.

**Please return completed form to**: Vice Chancellor for Academic, Faculty and Student Affairs

 The University of Tennessee Health Science Center

 Suite 400 Hyman Administration Building

 62 South Dunlap

Last updated: December 2022 Memphis, Tennessee 38163