<DATE>

Name

Address

City, State, Zip code

E-Mail:

Dear >

This is to inform you of a revision of your faculty appointment in the Department of > in the College of Medicine at the University of Tennessee Health Science Center. Effective> we will be adding a Special Pay Appointment to your existing <Rank> position. You will not be eligible for tenure consideration. Continuation of your faculty appointment is contingent upon availability of funds and mutual desire.

*Edit accordingly:*

Your appointment will include term special pay for <Insert Service Provided> . The anticipated rate of pay will be >$ <monthly / hourly, etc.> effective <start date> until <end date>. This special pay term position does not include benefits. The total salary for the specified term is $

It is an expectation that all faculty will contribute to the College of Medicine educational mission.  The medical school is committed to the principle that educational relationships should be one of mutual respect between the teacher and learner.  To that end, it is expected that faculty members will abide by the principles outlined in the UTHSC Code of Conduct <https://policy.tennessee.edu/policy/hr0580-code-of-conduct/>

In addition, College of Medicine faculty must acknowledge the primacy of the medical education program’s authority over academic affairs and the education/assessment of medical students and share responsibility with the College of Medicine for creating and maintaining an appropriate learning environment.

Your appointment is contingent upon the following:

* UTHSC’s receipt of an official transcript from the US Accredited Institution of your doctoral or terminal degree, copy of ECFMG (Non-US M.D.), or third-party Credential Evaluation Report (Non-US Ph.D.), sent directly to **UTHSC College of Medicine (910 Madison Avenue, Suite 1010, Memphis TN 38103)**
* Obtaining/maintaining an appropriate unrestricted physician license to practice in the State of Tennessee.
* Documentation of citizenship and/or work authorization as required by the Immigration Reform and Control Act of 1986. No more than two weeks prior to your start date, you will need to log into UTHSC Human Resources website at: [https://secure.i9.talx.com/preauthenticated/LoginCAPTCHA.ascx?Employer=17617](https://urldefense.com/v3/__https%3A/nam05.safelinks.protection.outlook.com/?url=https*3A*2F*2Fsecure.i9.talx.com*2Fpreauthenticated*2FLoginCAPTCHA.ascx*3FEmployer*3D17617&data=02*7C01*7Cronald.l.cowan*40vumc.org*7Ccce19fceba624744a1fe08d7db165fc0*7Cef57503014244ed8b83c12c533d879ab*7C0*7C1*7C637218761511836807&sdata=w8qPc4v1REZI*2Fzt*2FS8J46kLOBCk2IKmXTJWd*2FXkZ*2B4Y*3D&reserved=0__;JSUlJSUlJSUlJSUlJSUlJSUlJSU!!PfbeBCCAmug!0mqlzrSG15h1KtKWZBh-jtLyqVLceXV-NHJhueq4TzMUfSNHurESeePzYDQOIzvNcQ$) to complete the online I-9 Form. In addition, as part of the I-9 compliance, you **must** present the Human Resources Department located at **910 Madison Avenue, 1st floor (M-F 8am – 2pm),** with documents which identify and indicate you are eligible to work in the United States. **These documents must be provided prior to or on your first day of employment at the university**.

Please sign all where indicated and return to **<Department Address> *This appointment is binding only when all parties, including you, have signed****.* Your copy of the appointment letter, with all signatures, will be returned to you within 30 days of your effective date. By accepting this appointment, you agree to be bound by the University of Tennessee Health Science Center Faculty Handbook<https://www.uthsc.edu/afsa/faculty-affairs/documents/faculty-handbook.pdf>

Sincerely,

<Name> G. Nicholas Verne, M.D.

Chair, Department of Interim Executive Dean

College of Medicine, UTHSC College of Medicine, UTHSC

I acknowledge receipt of this letter and accept the above terms.

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Signature Date