**FOR PRACTICE PLAN FACULTY APPOINTMENT ONLY AS PROFESSOR, ASSOCIATE PROFESSOR, ASSISTANT PROFESSOR, OR INSTRUCTOR**

Name and Address: Date:

MEMORANDUM OF APPOINTMENT, 20\_\_ - \_\_\_\_ Fiscal Year

The Board of Regents of The University of Texas System has authorized your appointment to the following position at The University of Texas \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

|  |  |
| --- | --- |
| **Academic Title** | **Tenure Status** |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Department** | **Period of Appointment** | **Percent Time** | **Budget Period** |
|  |  |  |  |
| **Base Compensation** | **Practice Plan Augmentation** | **Other Compensation** | **Total Compensation** |
|  |  |  |  |

This appointment is subject to the provisions of the *Rules and Regulations* of the Board of Regents of The University of Texas System, Regental and U.T. System policies, the rules and regulations of the University, and applicable state and federal laws and regulations. The total compensation is the gross amount for the indicated budget period only and is subject to deductions required by state and federal law and, if permitted by law, other deductions that you may authorize. The obligation for payment of all or any portion of your compensation that is payable from contracts, grants, gifts, bequests, or endowments is dependent upon receipt of those funds. You also will receive such employee benefits as may be authorized by applicable laws and by the Bylaws of the [Medical Service, Research and Development Plan or Physician Referral Service]. The stated compensation may be increased or decreased in subsequent budget periods on the basis of your performance of assigned duties and responsibilities, your research grants and contracts, professional achievements, and fees billed and collected for professional services. Practice plan augmentation may be decreased during a budget period when the current income to the practice plan is insufficient to meet the existing practice plan commitments.

Please indicate acceptance of this appointment by signing and dating this Memorandum in the space indicated below and return it to the Office of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_, in order that your name may be placed on the payroll for the next fiscal year.

A revised Memorandum will be sent if there is a change in your status during the indicated budget period.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair of Department\*

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President

I accept this appointment Date: \_\_\_\_\_\_\_\_\_\_\_\_

\* If the administrative unit does not have a Chair substitute the title of the head of the unit.

Last Updated: May 1, 2013

(Health Affairs Form 2)