UTMB SCHOOL OF ALLIED HEALTH SCIENCES FACULTY COMPENSATION PLAN APPOINTMENT

INSTRUCTOR APPOINTMENT

Name and Address: Date:

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

The Board of Regents of The University of Texas System has authorized your appointment to the following position(s) at The University of Texas Medical Branch:

|  |  |  |
| --- | --- | --- |
| **Academic Title** | **Department** | **Tenure Status** |
|  |  | Nontenure Track Assignment |
| **Period of Appointment** | **Percent Time** | **Budget Period** |
|  |  |  |

COMPENSATION:

Core Salary Component $\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialty/Discipline-Specific Component $\_\_\_\_\_\_\_\_\_\_\_\_\_

Institutional Base Annual Salary $\_\_\_\_\_\_\_\_\_\_\_\_\_

**Estimated** Incentive Payment (Not Guaranteed) $\_\_\_\_\_\_\_\_\_\_\_\_\_

**Estimated** Total Compensation for this Period $\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

Total Compensation includes Institutional Base Annual Salary and Incentive Compensation. Total Compensation will be 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 Institutional Base Annual Salary consists of a Specialty/Discipline-Specific Component. The Specialty/Discipline-Specific Component has been determined in accordance with the Faculty Compensation Plan of the School of Allied Health Sciences.  **The Institutional Base Annual Salary does not include any incentive plan payments for which you may be eligible**. The estimated Incentive Compensation is not a guaranteed amount. The actual amount of Incentive Compensation will be determined through application of the Faculty Compensation Plan.

The obligation for payment of any portion of your compensation as determined by the Faculty Compensation Plan that is payable from contracts, grants, gifts, bequests, endowments, or other funding sources is dependent upon receipt of those funds.

Your appointment will terminate without prior notice at the end of the stated period of appointment. Appointment for an additional period is at the discretion of the University. The stated compensation may be increased or decreased in any subsequent offer of appointment you may receive.

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\*

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

Dean of the School of Allied Health Sciences

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

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 UTMBSAHS 26)