Department logo

Date

Candidate name and address

Dear (candidate’s name):

We’re pleased to offer you a faculty appointment in the Department of \_\_\_\_\_\_\_\_\_\_, School of Allied Health Professions at LSU Health Sciences Center – New Orleans, as [Faculty Rank] on a [tenure/non tenure] track. Subject to the terms and conditions of this letter, the appointment begins on [Date or Date Range], at []% effort, and is contingent on your ability to provide acceptable documentation of United States authorized employment.

This is a faculty position with an annual salary of < $xx> paid monthly on the last day of each month, based upon % effort.

You will receive this compensation guarantee for one year. If your appointment is continued, your compensation will be re-evaluated considering the revenue streams available to support your salary, as well as your performance and productivity. All faculty members participate in an annual review process, conducted by the department head (or designee). At the time of review, you will be expected to provide a summary of your scholarly accomplishments, teaching activities, institutional service, and grant funding. As part of the review process, a plan for goals and objectives for the coming year will be discussed; long range career goals will also be discussed. It is acknowledged by and between LSUHSC and you that the statement of a specific term of employment is not an absolute guarantee; rather you are subject to the same performance standards and expectations as other LSUHSC faculty members. As a result, you can be terminated for cause before the completion of this initial term; moreover, there is no guarantee that the appointment will be renewed beyond the initial term. Additionally, you also have the right to resign from your position at any time. Detailed information about termination for cause, appeals, and non-renewal is in the LSUHSC Faculty Handbook. Further, all changes in and any possible renewal of your appointment will be subject to the same approval process. Reappointment is within the sole discretion of LSUHSC. You will receive this compensation guarantee for one year. If your appointment is continued, your compensation will be re-evaluated considering the revenue streams available to support your salary, as well as your performance and productivity.

Your responsibilities include – A brief summary of DUTIES WITHIN THE DEPARTMENT

As a full-time faculty member, all professional services and all clinical activities must be performed for or at the direction of LSUHSC. All practice collections and public hospital and other practice activities will be conducted by the School of Allied Health Professions or its properly authorized designee, and the supplemental pay will be subject to the applicable departmental faculty income plan. Failure to comply with this requirement will lead to termination (a copy of the faculty income plan is available upon request).

All grants and contract applications, including those for clinical trials, submitted with you listed as principal investigator or equivalent designation must be processed through LSUHSC with LSUHSC cited as the sponsoring institution, in accordance with university policy. Generally, all intellectual developments, including inventions, patents, copyrights, software programs, etc., made during employment at LSUHSC, belong to the University. Furthermore, all intellectual developments and technological advances that have potential commercial value must be routed through the Office of Technology Management. Consequently, your signature on the “Acceptance of Offer” indicates your agreement to abide and be bound by the related LSU Health Sciences Center and University policies and regulations, including Chapter VII of the LSU By-Laws and Regulations as well as any subsequent amendments or Permanent Memoranda.

It is very important to both the school and you that there are no misunderstandings as we embark on our new relationship together. Hence, we emphasize this offer is conditioned upon 1) receipt of all applicable administrative approvals, up to and including clearance by the Louisiana Higher Education Foreign Security Act (LAHEFSA) committee and approval by the Board of Supervisors of Louisiana State University and Agricultural and Mechanical College, for both this offer and your employment, 2) your signature of acceptance and return of this letter within fifteen (15) days of the signature date of the Dean or the Dean’s designee, and 3) a negative pre-employment screening test conducted in accordance with LSUHSC's drug and substance abuse policy 4) education, reference, and background check clearance, 5) electronic I-9 completion and work authorization clearance.

Your appointment is contingent on successful licensure to practice in the State of Louisiana in your discipline. Your appointment is also contingent on the maintenance of your national certification. Your appointment and any guarantee of supplemental compensation are also contingent on obtaining privileges at all practice sites that will utilize your clinical services.

Further, by your signed acceptance of this Letter of Offer on the appended "Acceptance of Offer" you acknowledge that 1) this letter and the "Acceptance of Offer" constitute the entire agreement between yourself and the Board of Supervisors of Louisiana State University and Agricultural and Mechanical College (University), 2) you will be subject to all University By-Laws and Regulations and the policies and procedures of the LSUHSC, the School of Allied Health Professions, and the department, including, but not limited to, the University By-Laws and Regulations, the Faculty Handbook, Permanent Memoranda and Chancellor's Memoranda as exist now and as modified in the future (many of these documents can be viewed on the LSUHSC-NO website (www.lsuhsc.edu), 3) verbal statements or written material not specifically included in this letter shall be of no force or effect, and 4) no changes in or additions to this letter shall be recognized (if necessary to change the terms of offer, this letter of offer will be completely rescinded and a new letter of offer provided) and 5) you satisfy the required qualifications for this position.

You may review a summary description of our benefits package at:

https://www.lsuhsc.edu/administration/hrm/benefits-about.aspx. Any specific benefits questions should be directed to the Benefits team at NOHRMBenefits@lsuhsc.edu.

Please retain a copy of the letter and the signed agreement for your files. We regard this as an exciting and new opportunity for someone with your background and interests. If you have any questions, please do not hesitate to contact one of us.

Sincerely yours,

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

Department Head Name Date

Title/Dept

School of Allied Health Professions

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

Erin Dugan, Ph.D. Date

Dean, School of Allied Health Professions

**ACCEPTANCE OF OFFER**

By accepting this appointment, I represent and warrant that, now and throughout the term of my appointment and/or employment:

1. I am not bound by any contract or arrangement which would preclude me from entering into, or from fully performing the services required under my employment with LSUHSC;
2. I have never been listed by any federal agency as sanctioned, debarred, excluded or otherwise ineligible for federal program participation;
3. I have never been convicted of a felony.

If at any time before acceptance and final approval by the Board of Supervisors of the letter of offer, I fail to satisfy the above requirements, I understand that this letter of offer will automatically be null, void, and is deemed rescinded.

Furthermore, if during my employment, I fail to satisfy the above requirements or violate the policies and regulations of the LSU Board of Supervisors, its institutions, or any of its administrative units, I understand that I may be terminated by LSUHSC. By accepting this appointment and/or employment I agree to perform all duties and services required by the University with all applicable federal, state, and local laws, rules and regulations. I also agree to comply with all LSU System Bylaws and Regulations, and the policies and procedures of the LSU System, the LSUHSC, the School of Allied Health Professions and the department as exist currently and as may be modified in the future. Specifically, I agree to participate in the pre-employment drug-screening program and recognize that this agreement will not be enforceable and that my employment will not begin until a negative test has been obtained.

This offer and my acceptance are subject to and governed by the Bylaws and Regulations of the LSU Board of Supervisors and the LSU System. Furthermore, I acknowledge that this offer is contingent upon its approval through standard University channels up to and including approval by the Board of Supervisors. Therefore, an acceptance of this contingent offer prior to that approval is not binding upon the University and will not become effective until final action by the LSU Board of Supervisors.

My signature attests to acceptance of the attached letter of offer with the Dean’s or Dean’s designee signature.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Faculty

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_