Department Logo

Date

Name

Address

Dear Candidate’s name

We’re pleased to offer you a [new, extended, or return from gratis] period of appointment as faculty in the [Department], School of Allied Health Professions at LSU Health Sciences Center – New Orleans, as [Faculty Rank]. Subject to the terms and conditions of this letter, the appointment is for a defined term that is effective [Date] and will return to gratis status on [Date]. This appointment is contingent on your ability to provide acceptable documentation of United States authorized employment. 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.

During the [time frame] period of appointment you will be compensated a total amount of [total amt] at the monthly rate of [monthly rate] for teaching [specific course taught].

If applicable an evaluation process will be conducted by the department head. At the time of review, you will be expected to provide a summary of your teaching activities. As part of this process, we will discuss a plan for objectives moving forward.

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 reviewed on the LSUHSC web-site), except as described in the first paragraph of this letter, 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 (If necessary to change the terms of offer, this letter of offer will be completely rescinded and a new letter of offer provided.)

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,

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dept Head  Title  LSUHSC School of Allied Health Professions | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Erin Dugan, Ph.D., LPC-S  Dean  LSUHSC School of Allied Health Professions |
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**ACCEPTANCE OF OFFER**

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

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;

I have never been listed by any federal agency as sanctioned, debarred, excluded or otherwise ineligible for federal program participation;

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.

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 letter of offer attached and with Dean’s (or Dean’s designee’s) signature.

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

Name of Faculty

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