DEPARTMENT LOGO

Date

Name and Address

Dear\_\_\_\_\_\_:

We are pleased to offer you an appointment to join the faculty of the Department \_\_\_\_\_\_\_\_\_\_\_\_\_of Allied Health Professions, LSU Health Sciences Center (LSUHSC) in New Orleans, LA as Assistant Professor on a non-tenure track. Subject to the terms and conditions of this Letter of Offer and the attached "Acceptance of Offer" this appointment will be effective on January 1, 2023 at 100% effort. Your appointment is for an initial one-year period. Moreover, by acceptance of this offer, you waive any notification requirements, to the extent they may have been applicable, as set out particularly, but not exclusively, in the LSU By­laws and described in the LSUHSC Faculty Handbook, Section 2.2.5. 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 LSU.

Your annual base salary will be $$$, based upon 100% 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. Performance and productivity will be measured by, but not necessarily limited, to, those factors considered in the annual review process. The compensation re-evaluation will be guided by the departmental and school income policies and procedures and also by national benchmark salary data for academic faculty.

For a summary description of benefits, including retirement plans, a link to the information is included as an appendix to this letter. LSU will withhold from an employee's compensation and make the required employer's contribution to the Teachers' Retirement System of Louisiana or the Optional Retirement Plan, as the case may be, only on those amounts which are classified by LSU as "base salary" or "base compensation." No amounts other than "base salary" or "base compensation" shall be considered "earnable compensation" for purposes of retirement. No retirement will be calculated or paid by the Teachers' Retirement System of Louisiana on any amounts other than "base salary" or "base compensation." The Benefits Office in Human Resource Management will answer specific questions should you need additional information. Additionally, medical malpractice indemnification will be provided in accordance with the provisions of LSA-RS. 40:1237.1 or its successor.

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

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. 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).

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 (DEPT CERT SPECIFIC IF WARRANTED). Your appointment and any guarantee of supplemental compensation are also contingent on obtaining privileges at all practice sites that will utilize your clinical services.

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.

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.

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 approval by the Board of Supervisors of Louisiana State University and Agricultural and Mechanical College, for both this offer and for 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 (provisions for remote sampling can be made if you are unable to come to LSUHSC).

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 website), 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.

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,

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

NAME AND DEPARTMENT OF SUPERVISOR Date

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 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 dated on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

NAME OF FACULTY

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

**Summary of Benefits - FACULTY**

**LSUHSC School of Allied Health Professions**

Please go to the link below to get a generalized overview of the benefit programs available to unclassified staff at LSU Health Sciences Center.

**https://www.lsuhsc.edu/administration/hrm/your\_benefits.aspx**