

**FACULTY MEMORANDUM OF APPOINTMENT
NON-TENURE ACQUIRING RANK (NON-TENURE TRACK)**

NAME _____ DATE _____

ADDRESS _____

FACULTY APPOINTMENT Academic Year 20__ - 20__

The Board of Regents of the Texas Tech University System has authorized your appointment to the following position at Texas Tech University Health Sciences Center El Paso:

Academic Title:		Period of Appointment:	Tenure Status:	Budget Period:
			Non-Tenure Track	FY 20__ - 20__
School:				
Department:		Campus:	Percent Time:	Salary:
				\$

This appointment is subject to the *Regents' Rules* of the Texas Tech University System; the operational policies, rules and regulations of the University; and applicable state and federal laws, including, but not limited to, Tex. Educ. Code §51.943.

The salary is the gross base salary 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 authorize. This amount does not reflect stipends and/or special augmentation. The University's obligation to pay any portion of the salary that is payable from contract or grant funds is dependent on the University's receipt of such funds.

You will perform assigned duties at your Department Chair's/Dean's direction. If notified earlier by the University of non-reappointment, this contract will terminate at the end of the stated appointment period. Appointment for an additional period is at the University's discretion. This Agreement may be superseded by a different, more specific employment agreement, if applicable, for certain non-tenured faculty, as determined by the Dean of the respective TTUHSCEP School. A revised Memorandum will be sent if a change in your status occurs during the indicated budget period.

Please indicate acceptance of this appointment by signing and dating this copy of the Memorandum of Appointment in the space indicated below and return it to the Dean's Office by _____, 20__.

DEAN (Signed) _____ DATE _____

CHAIR (Signed) _____ DATE _____

I ACCEPT THIS APPOINTMENT _____
FACULTY (Signed) _____ DATE _____