**FOR USE WITH SPECIFIC TERM APPOINTMENTS ONLY – PROFESSOR OF PRACTICE**

**UNDERLINED PARAGRAPHS MAY BE TAILORED FOR YOUR DEPARTMENT**

YELLOW HIGHLIGHTED SECTION INDICATE THAT SPECIFIC INFORMATION NEEDS TO BE PROVIDED BY THE DEPARTMENT

Dear Dr.:

It is my pleasure to offer you a position as a/an (Assistant, Associate, or Full) Professor of Practice in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department at the University of Nebraska-Lincoln. This type of appointment is a non-tenure track position, authorized by Bylaw 4.4.8 of the Bylaws of the Board of Regents of the University of Nebraska. The provisions of Bylaw 4.4.8 (including those with respect to termination and grant funded positions) are incorporated into this letter of appointment, and you are advised to review those provisions prior to acceptance. This appointment is subject to all provisions of the Bylaws of the Board of Regents of the University of Nebraska (http://nebraska.edu/board/bylaws-policies-and-rules.html), and any amendments that may from time-to-time be duly adopted.

The term of your non-tenure track appointment is for (three, four or five) years, commencing on August XX, 201X and ending on May XX, 201X [may be one to three years for Assistant Professor of Practice, one to four years for Associate Professor of Practice, or one to five years for Full Professor of Practice]. Reappointment is not presumed, and the appointment is subject to annual review. At the end of the \_\_\_\_\_year period, or at any other time by mutual consent, you will undergo a major review and, if appropriate, you may be offered a new appointment for a term of up to <no more than 5 depending on rank>\_\_ years. Consideration of renewal would be based, among other factors, on satisfactory performance, availability of funding, and the continuation of the position.

Your salary for this nine month, academic year appointment will be $\_\_\_\_\_\_\_, paid in twelve equal monthly payments. You will receive the first monthly payment on or about September 30, \_\_\_\_\_\_. You will be eligible for benefits, as established by the Board of Regents. Annual increases in salary, as recommended by me to the Dean, may be awarded based upon performance of your assigned duties and availability of funding.

Your appointment is 1.0 (or fraction) full-time equivalent.[Use the appropriate FTE for your position – cannot be less than 0.5FTE] Your apportionment of duties shall be \_\_\_\_% teaching, \_\_\_\_% research/creative activities, and \_\_\_\_% service. [Majority of apportionment – preferably 80% or greater must be in teaching/instructional activities] While your assignment may include some efforts in the areas of research/creative activities and service, your performance evaluation will be based primarily on your performance in instructional activities.

We expect that you will work aggressively toward establishing a strong instructional program in the department. The College and the Department will provide up to $X,XXX for purchasing appropriate computer equipment to initiate your instructional activities.(OR OTHER STARTUP DETAILS IF ANY).

**The following sentence must be included:**

You will be eligible to apply for a Faculty Development Fellowship after six full years of full-time service to the University of Nebraska-Lincoln.

The College and the Department will reimburse you for actual expenses incurred in transporting household goods from (city moving from) to Lincoln in an amount not to exceed $X,XXX. If you will be using a commercial moving company, please contact our office prior to making arrangement. The University has contracts established with certain vendors and our purchasing department can assist with the arrangements.

Information on normal fringe benefits available to faculty can be accessed at the following website: http://www.nebraska.edu/faculty-and-staff/benefits.html. If you have questions about benefits or your eligibility for benefits, please contact the Benefits Office, Room 32, Canfield Administration, (phone: 402-472-2600)

Any acceptance of the offer contained in this letter, is contingent upon your ability to legally engage in the described employment in the United States. If you need assistance in obtaining the appropriate visa classification, please contact me to learn about the University’s visa support services.

If you have any questions about this offer please call me at (chair’s phone number). We are looking forward to having you join the department. This letter is sent in duplicate. If the offer is acceptable to you, please sign and return one copy to me by (due date). This offer will no longer be effective after that date.

Sincerely,

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(name), Chair (name), Dean

(name of department) (name of college)

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Donde L. Plowman, Ph.D.

Executive Vice Chancellor and Chief Academic Officer

Accepted:

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

(name of faculty member) Date