

**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
			%	\$

*NOTE: All salary figures are subject to final approval of the Fiscal Year 20__ Operating Budget by the Board of Regents on _____.

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 augmentations.** The University's obligation to pay all or a 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 on the date specified in your notice of non-reappointment. 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 This Agreement may be superseded by a different, more specific employment agreement, if applicable, for certain non-tenured faculty, as determined by the Dean of the respective TTUHSC El Paso School. To the extent you have an expiring employment agreement, this document shall extend the terms of such employment agreement through the period of appointment. 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 this Memorandum of Appointment in the space indicated below by _____, 20__.

DEAN (Signed) _____

DATE _____

CHAIR (Signed) _____

DATE _____

I ACCEPT THIS APPOINTMENT

FACULTY (Signed)

DATE _____