



# Western University of Health Sciences

## NOTICE OF FACULTY APPOINTMENT AND AGREEMENT OF EMPLOYMENT

Name \_\_\_\_\_ Date \_\_\_\_\_

This statement will advise you of the following appointment:

Position: Research \_\_\_(X FTE)

PCN: \_\_\_\_\_

Salary: At the annual rate of \_\_\_\_\_

Term: Coterminous with available funds from: \_\_\_\_\_(100%).

### **GENERAL PROVISIONS**

Effective \_\_\_\_\_ --- \_\_\_\_\_

Subject to annual renewal

Salary will be paid bi-weekly in equal installments as of \_\_\_\_\_.

This contract controls terms of appointment and reappointment. Faculty Handbook rights are not available.

Neither the University nor the undersigned shall be under any obligation beyond the designated term of this appointment.

This position is funded by contract, grant, auxiliary, or local funds (“soft money”). Subject to the terms and conditions contained herein, continued employment is contingent upon the continued availability of the funding source. This contract will end in the event such funding is discontinued or reduced and the University shall immediately have the option of canceling this contract, without cause, or reducing the FTE, upon notice to the employee.

### **DEFINED CONTRIBUTION PLAN – MANDATORY EMPLOYEE CONTRIBUTION (Applicable for employees with .50 FTE or above)**

Western University of Health Sciences and the undersigned agree to participation in the Defined Contribution Retirement Plan. Plan contributions are invested, at the direction of the undersigned, in one or more of the funding vehicles available under the Plan. Western University of Health Sciences has elected to make Discretionary Matching Contributions on behalf of the undersigned, based on a percentage of each Qualifying Contributing Participant’s Elective Deferral, which Western University of Health Sciences, in its sole discretion, determines from year to year. The Plan requires mandatory contributions of one (1) percent of the undersigned’s base salary through payroll deductions. Western University of Health Sciences will contribute up to seven and a half (7 ½) percent of your base salary (up to the maximum limits allowed by the Internal Revenue Service - IRS), providing you, the undersigned, contributes five (5) percent of your base salary. The Board of Trustees of Western University of Health Sciences reserves the right to modify, amend or terminate the provision of the Defined Contribution Retirement Plan, subject to the applicable provisions of law. Please refer to the Summary Plan Description for specific information about the Plan and/or to the Salary Deduction/Reduction Agreement for this year’s contribution levels.

### **FRINGE BENEFITS**

As a non-tenure track/auxiliary faculty member of Western University of Health Sciences, if your FTE appointment is equal to or greater than .75 you will be eligible to participate in the following fringe benefits plans:

1. Optional group health benefits are available to the employee and eligible dependents/domestic partner. The University shares the cost for the employee and dependent/domestic partner premium. Group health benefits include hospitalization, major medical, dental and vision.
2. A University-paid life insurance policy equal to one (1) times annual salary plus \$10,000.

3. University-paid Long Term Disability Insurance.

**VACATION**

Exempt full-time employees accrue twenty-six (26) days paid vacation per year, accrued at one (1) day per pay period worked, to a maximum of forty-eight (48) days. Regular part-time employees who are scheduled to work 20 hours (.50 FTE) per week or more earn a prorated amount of vacation time based on their FTE.

**SPECIAL REMARKS**

The Board of Trustees of Western University of Health Sciences reserves the right to modify the aforementioned benefits subject to the applicable provisions of law.

Each party agrees that the electronic signatures, whether digital or encrypted, of the parties included in this Agreement are intended to authenticate this contract and to have the same force and effect as manual signatures.

**For Western University of Health Sciences**

\_\_\_\_\_  
Dean of the Home College

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President for Research and Biotechnology

\_\_\_\_\_  
Date

\_\_\_\_\_  
Senior Vice President and Provost

\_\_\_\_\_  
Date

I agree to the terms of this contract and accept the above described appointment. I acknowledge that I have received full descriptions of the University's retirement plan, fringe benefits, and a copy of the Faculty Handbook.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*