Emeritus employment letter - grant supported salary

Date

[Name and Degrees]

Address line 1

Address line 2

Dear ---------:

This letter agreement will establish the terms of your part-time non-benefits eligible employment as [Emeritus or Emerita] [rank and department; e.g., Emeritus Professor of Medicine, Emeritus Clinical Assistant Professor of Pediatrics, etc.] for the [DATE TO DATE, i.e., the time period of appointment, e.g.,July 1, xxxx to June 30, xxxx OR for a shorter particular term]. Your responsibilities will be ------------------------ [e.g., those specified in the grants supporting your salary]. This appointment does not carry tenure or lead to tenure consideration. To become effective, your appointment must be approved by the Dean, School of Medicine.

Your initial annual salary as of July 1, xxxx will be $\_\_\_\_\_\_. Your salary will be derived, in whole or part, from extramural grant funding that may fluctuate throughout the year. Your CWRU annual salary, therefore, my go up or down within the academic year for reasons that include but are not limited to changes in the mix of your activities, the sources of your compensation, and available extramural funding. Your salary will be payable monthly through the University payroll with applicable taxes and appropriate withholdings made.

This employment is contingent upon your successful completion of I-9 documentation on or before your first day of employment; satisfactory performance; and on continued funding. We estimate that you can complete these tasks in an average of # hours [may not exceed 18 hours per week] weekly.

The department may, but is not obligated to, renew this agreement. Renewal of the agreement will be based on factors such as your continued willingness to contribute, the department’s continued need for your services, and the identification of financial support. [If applicable: You will be provided office [or laboratory] space in --------------.]

Although you will not receive formal evaluations of your contributions or performance, for administrative purposes I will serve as your supervisor [or I will ask ------------- to serve as your supervisor].

This agreement can be terminated either by you or by the department for any reason by providing 30 days of notice to the other party.

Please remember that your status as [rank and department; e.g., Emeritus Professor of Biochemistry] permits this employment with the University but it must be on a part-time basis (i.e., no more than 18 hours per week subject to the needs and approval of the department [or office or University] and that this is not a benefits-eligible position. Also, please notify me if you have, or expect to have, any additional appointments, projects or engagements with any other university departments (either within or outside of the School of Medicine) during the term of this appointment.

Please sign below and date this letter as an indication of your acceptance of these terms.

Thank you for your willingness to take on this role.

Best wishes,

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Chair, Department of ---

I accept this appointment and the terms described above.

[Name and Degrees] date

c: Matthew Lester, Senior Associate Dean for Finance SOM

Nicole Deming, Assistant Dean for Faculty Affairs and HR, SOM

Patty Urbon, Director, Faculty Affairs and HR SOM