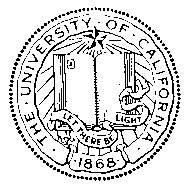
**UNIVERSITY OF CALIFORNIA, IRVINE**

BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO SANTA BARBARA • SANTA CRUZ

University of California, Irvine [Department Address-1]



School of Medicine [Department Address-2]

Department of [Department]

[Date-1]

[Candidate’s Name]

[Current Title]

[Current Work Address-1]

[Current Work Address-2]

RE: Tentative Offer Letter for Appointment to [Rank] Professor of Clinical [X]

Dear Dr. [Last Name],

We are writing to summarize our proposal and tentative offer for an academic appointment as [Rank] Professor of Clinical [X], in the Department of [Department], in the School of Medicine. The proposed start date for this appointment in your academic department will be [Date-2]. The process of appointment will be initiated by a recommendation from the Department, which is then reviewed by the School of Medicine Dean’s Office[add if proposed appointment is above Assistant, step III: and the UCI Council on Academic Personnel. The decision to offer an academic appointment is made by the Provost and Executive Vice Chancellor; otherwise use: The decision to offer an appointment is made by the Dean of the School of Medicine.]

This start date and appointment are contingent upon you having the following by the proposed begin date:

1. A valid license or certificate to practice medicine pursuant to California Business and Professions Code section 2113, issued by the California Medical Board;
2. Medical staff privileges allowing you to practice your specialty at the UC Irvine Medical Center in Orange;
3. A valid H1-B visa, or such other visa as may be necessary to allow you to work and practice medicine in the United States of America.
4. In the event the above three contingencies have not been met by the proposed start date, the University reserves its right to either withdraw this offer, or extend the proposed start date. If you experience delays in obtaining any of the above, please contact your department immediately, so the situation can be evaluated. Only the Dean has the authority to waive or modify any provision of this letter.

**Compensation**

The position of (Assistant, Associate) Professor of Clinical (Department name), carries a base salary (X) of $[Amount]. In addition, you will receive a Health Sciences Compensation Scale [Scale #] (X’) in the amount of $[Amount] and a negotiated salary component (Y) of $[Amount], bringing your total salary to $[Amount]. You will be expected to generate increasing revenue to cover this salary through the generation of professional fees, contracts and grants. This salary will be effective through June 30, 20XX at which time we will review your compensation arrangement. Of your full-time effort at UCI, it is expected that X% will be in clinical care (i.e. cFTE). (to be adjusted if appointment is less than 100%). You will be a member of the UCI Health Sciences Compensation Plan ([Health Sciences Compensation Plan](https://medschool.uci.edu/about/academic-affairs/health-science-compensation-plan)).

(*Explain source of the negotiated salary component. Clearly specify the duration of commitments from the Department and plans for the faculty member to assume responsibility for the negotiated component from professional fees or other sources*.)

Optional Sentence: *You may also be eligible for additional compensation as a bonus/incentive “Z” payment as described in the Department’s Compensation Plan. A copy of the department compensation plan will be provided to you, and can be explained in further details if you wish.*

*(You will practice as a full time \_\_\_\_\_\_ in the Department of \_\_\_\_\_\_\_\_\_ strictly under the jurisdiction of UC Irvine medical School and only under the direction of CHAIR NAME. You will practice only at the University of California, Irvine or the University of California, Irvine affiliated facilities. The duties include \_\_\_\_\_\_\_\_\_\_\_\_Insert a paragraph that summarizes.)*

Faculty in the Clinical X Series are members of the Academic Senate of the University of California. The Professor of Clinical X title is used for physician/scholars supported by non-State funds. If they are full-time UC Irvine employees, they have the same retirement, health and other benefits as faculty in the tenure track series who receive a base salary from state funds. Because of the source of funding, however, Clinical X faculty members do not have tenure and their appointments are renewed on July 1st of every year. Information about the Professor of Clinical (e.g., *Medicine*) series may also be found in the Academic Personnel Manual ([APM](https://www.ucop.edu/academic-personnel-programs/academic-personnel-policy/)), specifically [APM - 275, Professor of Clinical (e.g., Medicine) Series](https://www.ucop.edu/academic-personnel-programs/_files/apm/apm-275.pdf).

All professional fee revenues generated by the clinical faculty are paid into the practice plan to cover salaries and benefits. Clinical compensation will be paid through a productivity wRVU-based model or through a clinical FTE-based model using benchmarks as guiding metrics. Your salary guarantee agreement will remain as previously described, after which you can expect to enter the Department Compensation Plan on Month Day, 20XX.

When you are serving as a Professor of Clinical (e.g., *Medicine*) at the University of California, all clinical teaching, professional service activities, and patient care services must be provided within the University of California, Irvine or as part of an approved affiliation agreement or professional service agreement.

**Mentor**

Your faculty mentor will be Dr. [Full Name], [Title].

[This section is required for all assistant professor appointments.]

**Duties and Responsibilities**

As a faculty member in the Professor of Clinical (e.g., *Medicine*) series ([APM - 275](https://www.ucop.edu/academic-personnel-programs/_files/apm/apm-275.pdf)), your primary duties are (1) teaching, (2) professional competence and activity, (3) creative work, and (4) University and public service in an academic school/academic department.

[Please use this section to identify clinical buy down support in the form of directorships and other non-clinical activities. Add summary of research, teaching and clinical service responsibilities – if this is lengthy attach a separate MOU with a signature line for candidate and chair.] [*If MOU will be included, please insert this language here:*  Please see the attached Memorandum of Understanding (MOU) for a detailed description of expected duties and responsibilities.]

Clinical Teaching and Professional Services Responsibilities

Your responsibilities will be to xxxxxxxxxxxxxxx.

Creative Work Responsibilities

Your responsibilities will be to xxxxxxxxxxxxxxx.

University and Public Service

Your responsibilities will be to xxxxxxxxxxxxxxx.

**Office Space**

You will be provided an office space by the Department of [Name] in existing [Name] department space to carry out your responsibilities.

**Vaccination Policy**

As a University employee, you will be required to comply with all applicable University policies and/or collective bargaining agreements, as may be amended from time to time. Federal, state, or local government directives may impose additional requirements.

**New Faculty Orientation**

The New Faculty Orientation is a half-day event led by the Dean’s Office in partnership with the Office of Academic Affairs and is designed to introduce you to our medical school and provide you with critical information on teaching, research and other opportunities at UCI School of Medicine. Once appointed you will receive an invitation to the next available orientation.

You will meet your new colleagues, hear from a number of current School of Medicine faculty and staff members and have the opportunity to ask questions. The orientation is also a great occasion to meet key faculty leaders and administrators, visit our Campus as well as to obtain useful information about benefits and a range of resources available at UCI School of Medicine.

[Chair] is the person to whom you report in your academic home department and with whom you should discuss matters related to your employment.

**Benefits and Opportunities**

This offer includes the following:

* Eligibility based on availability to purchase a home in University Hills ([Irvine Campus Housing Authority](https://icha.uci.edu/)).
* You are approved for a forgivable Zero Interest Supplemental Home Loan (ZIP loan) up to a maximum of $82,600, if it is used for the purchase of a home outside of University Hills within four years of starting your employment. [Clinical X series may be offered the ZIP loan, but the amount must come from the department. Please stipulate if you wish to offer the ZIP loan as part of the agreed-upon setup or on top of the agreed-upon setup.] Please note that loan forgiveness, if any, will be reported as taxable income in the year forgiven on a W-2 form and is subject to standard withholding requirements ([Employee Housing Assistance Program](https://policy.ucop.edu/doc/3600675/EmployeeHousingAssistance)). If you would like more detailed information, please contact Jessica Alvarez at [jrsoto@uci.edu](mailto:jrsoto@uci.edu). [Remove paragraph if not applicable]
* Eligibility to apply for a loan from the University of California Mortgage Orientation Program (MOP loan) to assist in the purchase of a home ([Office of Loan Programs](https://www.ucop.edu/loan-programs/index.html)).
* You will find information about employee benefits regarding life, health, dental, vision and disability insurance as well as the University of California retirement plan online ([University of California Compensation & Benefits](https://ucnet.universityofcalifornia.edu/compensation-and-benefits/benefits-of-belonging.html)). We think you will find that the benefits package is excellent. If you would like more detailed information, please contact the Employee Experience Center at (949) 824-0500 or via email at [eec@uci.edu](mailto:eec@uci.edu)[.](mailto:clazok@uci.edu)

We hope that the plans and commitments described above are acceptable to you. If they are, please indicate this by your signature below and return to me at [add Chair’s email] by [add date—e.g., 2 weeks from date of letter] and we will initiate the appointment process. Please contact me if there are points you would like to discuss.

[Name] Michael J. Stamos, MD

Chair, Department of [Department] Dean, UCI School of Medicine

I agree to the terms of this letter and will accept the faculty position if it is offered.

[Candidate’s Name], [Credentials] Date

\*The policies and procedures pertaining to the employment relationship between academic faculty and the University of California are published in the Academic Personnel Manual (APM): [Academic Personnel and Programs](https://www.ucop.edu/academic-personnel-programs/academic-personnel-policy/index.html).

cc: Geoffrey Abbott, PhD, Senior Associate Dean of Academic Personnel, SOM

John Gross, MD, Vice Dean for Faculty & Clinical Affairs, SOM

Jami Holland, Director of Academic Affairs, SOM

Carl Smith, Senior Assistant Dean of Administration, SOM

Martha Graciano, Executive Director of Finance, SOM

[Full Name], CAO, Department of [Name], SOM