***SAMPLE OFFER LETTER –***

***TENURE TRACK FACULTY WITH HOSPITAL APPOINTMENT***

***AND 11-YEAR TENURE CLOCK***

[*date*]

[*Addressee
Address
City, State Zip]*

Dear Dr. [*Name*]:

1. **Appointment**

We are pleased to offer you a faculty position as [*Assistant, Associate or Professor*] of [*department*] in the [*school*] at Columbia University, effective [*start date*]. This is a tenure track appointment and it is contingent upon satisfactory evaluation of the attached pre-hire attestation. In accordance with the University Statutes, your initial appointment is for a stated term of one year through [*date*]. It may be renewed for subsequent terms of up to three years following suitable reviews by your department. We will also nominate you for interdisciplinary appointment in the [*department, center, or institute*, *if applicable*]. These appointments are also subject to approval by the CUMC Committee on Appointments and Promotions (COAP).

This appointment has been approved by the Committee on Appoint­ments and Promo­tions of the Department of [*department*]. It must still pass the standard review proce­dures of the [*school*] and the New York-Presbyterian Hospital for such appointments.

**For Assistant Professors**

As applicable in your case as an Assistant Professor, the University Statutes limit the amount of time faculty members with unmodified titles may hold a full-time, continuous appointment. Since we anticipate that you will devote at least 20 percent of your time to clinical work throughout your non-tenured appointment, we expect that you will be on an 11-year extended tenure clock. However, a final decision by the Provost of the University on the length of your tenure clock will not be made until your fourth year of counted service, following review of the actual time you have spent providing clinical service, as well as your academic productivity. If you have not devoted at least 20 percent of your time to clinical work each year before that review, as well as met other requirements of the appointment process at Columbia University, you will be switched to an eight-year tenure clock.

Currently, therefore, we anticipate that you may serve in a full-time non-tenured capacity with an unmodified title through June 30, [*year*]. That up-or-out date may change if you take a leave of absence and/or serve as the primary caregiver to not more than two children under the age of one, or as a result of the fourth-year review of your appointment. For information on how the up-or-out date is calculated, as well as other details concerning the appointment process at Columbia University, you should consult the Columbia University *Faculty Handbook*.

**For Associate/Full Professors**

Faculty hired at the ranks of Associate/Full Professor on the tenure track are normally expected to be reviewed for award of tenure within five years of their hire date, if it can be demonstrated that they will spend at least 20 percent effort on clinical care. Thus, you would be expected to be reviewed for tenure no later than May 31, [*year*].

**For All Ranks on Tenure Track**

That review will begin with an evaluation by your Department. With your Department’s support, you will be subject to a further evaluation by the CUMC Committee on Appointments and Promotions. If COAP votes in favor of your nomination and the Executive Vice President for Health and Biomedical Sciences and Dean of the Faculties of Health Sciences and Medicine accepts its recommendation, the Provost’s Tenure Review Advisory Committee (TRAC) will conduct a final University-wide evaluation of your qualifications. Assuming your up-or-out date does not change, therefore, your evaluation for tenure, including the final decision by the Provost and President if you are presented to TRAC for a University-wide review, must occur no later than May 31, [*year*].

We will also nominate you for appointment as [*title*] at the New York-Presbyterian Hos­pital (Columbia University Irving Medical Center), effective [*start date*]. We are recommending that your hospital appointment include admitting and private practice privileges [*if a clinical appointment with admitting privileges*]. In order for you to be credentialed for clinical privileges at your start date, please submit all required documentation promptly.

Your appointment is subject to the terms and conditions set forth in the Columbia University *Faculty Handbook*, which can be found at <http://www.columbia.edu/cu/vpaa/handbook/>, as well as to policies and procedures specifically applicable to the Columbia University Irving Medical Center. As a full-time University employee, you will be expected to comply with all applicable University policies as they may exist from time to time. (Many of these policies can be found on the Medical Center website at <http://www.cumc.columbia.edu/hr/policies-procedures>). The Department of [*department*] Administrator will provide you with copies of these policies and all forms necessary for you to begin work. Please contact [*him/her*] immediately upon signing this letter.

1. **Our Expectations** [*expand as applicable*]

Your primary responsibilities in the Department lie within the Division of [*division*]. You will report primarily to Dr. [*name*]. However, we expect you to work closely and collaboratively with members of other divisions whose interests overlap with yours, such as [*example*].

Research Responsibilities [*describe as applicable*]

The purpose of your recruitment and faculty appointment is to expand the clinical and research activities of the Division of [d*ivision*] especially in areas of [*describe*]. We expect that you will develop an independent, nationally recognized line of research and that you will obtain peer-reviewed external funding to support your research. We will provide the necessary mentoring and do everything else possible to assist you in furthering successful development of your academic career.

We will need to know about your current grants and any pending grant applications, so that we may make provision for moving them to the Department of [*department*]. Further details about Columbia’s policies for research faculty can be found at <https://research.columbia.edu>. [*Departmental Grants Manager*] will work with you to begin this process.

Clinical Responsibilities

In addition, you will assist Dr. [*name*] in providing the highest level of care to patients with [*condition/disease*]. You will also share responsibility with other attendings for teaching residents and fellows. Specific clinical responsibilities and teaching obligations will be determined by Dr. [*name*] in discussions with you and the other attendings, subject to my approval. In general terms, you will be involved in providing rapid and timely management of [*condition/disease*] patients, and dealing promptly with the calls and concerns of referring physicians, from both within and outside the Medical Center. We expect that you will provide and insist on a uniform level of the highest quality clinical care. You will be involved in teaching [*discipline/field*] to medical students, residents, and clinical fellows. You will be given ample opportunity to participate in clinical, patient-based research. In addition, we will provide the necessary mentoring for continuing, successful development of your academic career.

I have enclosed two copies of the Department’s standard Faculty Practice Agreement, which the University’s General Counsel requires all clinical faculty members to sign. This Agreement specifies in more detail the terms under which full-time Columbia University faculty can see private patients at this Medical Center. It also acknowledges your understanding that your appointment at the New York-Presbyterian Hospital, including admit­ting and private practice privileges, is contingent upon continuation of your University appoint­ment. Hos­pital privileges are granted based on your satis­factory par­ticipation in the clinical, educational, and research programs of the Univer­sity. If your University appointment is termi­nated, your hospital appointment and all related privi­leges are terminated as well. Please sign both copies of the Agreement and return them to us for the other signatures.

1. **Professional Support [***describe as applicable*]

We are committed to providing you with the necessary support and resources to assist you in your work and to facilitate your academic career development. In this regard, we are committing to the following arrangements:

[*example below applicable to wet lab work*]

* Research space housed in [*building and, if available, rooms*]
* Housing for [*mice cages, other animal needs*]
* The budget for your start-up package is summarized in the accompanying Appendix. These funds will be provided by the [*department of \_\_\_ or school*]. These funds will remain available for your exclusive use, in an account in your name, while you remain at the University. The start-up package budget is intended to support the development of your research program during the first three years of your appointment. In brief, it provides for (1) your full base salary plus fringe, with annual increases based on university guidelines; (2) a salary plus fringe for either a Technician or a Postdoctoral Research Scientist, according to your choice at $[*XXXX*] per person per annum, with annual increases based on university guidelines; (3) all costs related to a mouse colony housed in [*X number of*] cages; and (4) funds for laboratory supplies.
* The start-up package also includes a total of $[*XXXX*] for equipment, as listed, to assist in establishing your laboratory.
* Thus, the total value of your start-up package is $[*XXXX*], which will be provided over your first three years, according to the schedule we have agreed to.

In addition, as a member of the Research Laboratories for [*XXXX*] you will have access to Core Facilities on [*XXXX*].

[*Resources if applicable for dry lab research*]

Administrative support will be provided by [*XXXX*], Administrative Coordinator; [*XXXX*], Grants Coordinator; [*XXXX*], Financial Coordinator; and [*XXXX*], Bookkeeper. The Department’s central administration directed by [*XXXX*] is also available to help as needed.

**4. Compensation Package**

Compensation at Columbia University College of Physicians and Surgeons is governed by the P&S compensation plan, which can be found at <http://www.ps.columbia.edu/insideps/wp-content/uploads/2018/06/fy18-19-faculty-compensation-plan.docx>. In addition, each department has a compensation plan based upon the school plan. This can be provided by the departmental administrator.

We will guarantee annual compensation for each of the first three years of full-time employment at Columbia as follows:
[*As an example only*]

ANNUAL MONTHLY

Base (X): $ 67,860 $ 5,655

Annually Guaranteed Supplement (Y): $132,140 $11,012

Total Salary: $200,000

Estimated Practice Earnings (Z): $ 50,000 $ 4,167

Total Compensation: $250,000 $20,834

The base salary and supplement (X, Y) are your University salary and are therefore, annually guaranteed, but the earnings (Z) from practice are an estimate and depend on projected revenues.

Your salary may not be supplemented by private practice income outside of the group practice arrangement for your Division. This restriction does not apply to customary honoraria, consulting fees, or royalties related to books. Fringe benefits will be pro­vided by the University in an amount equal to [*X* %] of your base salary. The fringe benefit cost to your division for the guaranteed supplement is [*X* %].

Fixed expenses include practice over­head (malpractice, support staff, travel to meetings, etc.), a Dean's tax currently equiva­lent to [*X* %] of gross practice receipts a [*X* %] contribu­tion to the Depart­ment calculated against total clinical income, and a tax by the Faculty Practice Organization on practice revenues that is currently [*X* %]. There also is a [*X* %] charge to cover billing and busi­ness office expenses and a [*X* %] tax on certain procedures.

The Department will provide your liability insurance as a practice expense and arrange for an office and secretarial support within Divisional space.

As a full-time [*Assistant, Associate, or Full Professor*] of [*department*], you will be eligible to participate in the generous benefits package offered by Columbia University. You can view details of the benefits package at <http://hr.columbia.edu/find-out-about/benefits-columbia-university>. The package includes a college tuition benefit plan for faculty children and eligibility (but not a guarantee) for your children to attend The Columbia School. Please note that the University reserves the right to modify or rescind fringe benefits, and that you will be eligible for benefits according to the terms of applicable plans, as they may exist from time to time. Upon your arrival on campus, you must attend the Welcome Program and Orientation, where you will receive more detailed benefits information and enrollment forms, as well other appropriate orientations related to laboratory safety and animal care**. *Please note: It is very important that you complete your benefits enrollment forms within 30 days of your appointment date.***

If you have any questions, please speak with me. Our departmental administrator will be able to assist you with questions regarding your benefits. Other members of the central administrative staff are available to help make your transition to your new faculty position at Columbia as smooth as possible.

In closing, let me emphasize that we are all very pleased at the prospect of your joining the [*department*] to develop your academic career as a faculty col­league, and the added strength your continued presence will bring to the Department of [*department*]. I look forward to working with you.

If you agree with the terms of this offer, please sign below and return the signed offer and the pre-hire attestation to me by [*date*].

With all best wishes,

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Chair

Department of [*XXXX*]

I have read and understood the foregoing letter, and I agree that it represents an accurate description of our discussions. I accept this offer as detailed above.

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Date [*candidate’s name*]

Encl. New Faculty Appointment Packet